

DOCKET NO. UM 1688

Cover Sheet for Submission of

2014 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: **Warm Springs Telecommunications Company dba Warm Springs Telecom (WST)**

Filing Date: July 1, 2014

Is this: Original submission? _____

OR

Revised for Submissions? _____

Person to Contact for questions:

Name Marsha Spellman _____

Phone Number 503-997-1685 _____

E-mail Address marsha.spellman@warmspringstelecom.com _____

Documents included in this filing (please check applicable items)

_____ CAF/ICC Support (47 CFR 54.304)

_____ Rate Floor Data (47 CFR 54.313 (h))

X Form 481 (High-cost per 47 CFR 54.313, Low-income per 54.422)

_____ Form 690 (Mobility Fund per 47 CFR 54.1009)

_____ Affidavit for High-Cost Support

Filing Deadlines: The filing deadlines for filings 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 the CAF/ICC support data are due by July 1, 2014. The CAF/ICC support data are due the same date as the ETCS'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.

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.

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours
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<010>	Study Area Code	53902
<015>	Study Area Name	Warm Springs Telecommunications Company (WST)
<020>	Program Year	2013
<030>	Contact Name: Person USAC should contact with questions about this data	Marsha Spellman
<035>	Contact Telephone Number: Number of the person identified in data line <030>	503-997-1685
<039>	Contact Email: Email of the person identified in data line <030>	marsha.spellman@wa

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			<i>(check box when complete)</i>	
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>		X
<210>	<input type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>		
<400>	Number of Complaints per 1,000 customers (voice)			X
<410>	Fixed			
<420>	Mobile			
<440>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		X
<510>		<i>(attached descriptive document)</i>		X
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>		X
<610>		<i>(attached descriptive document)</i>		X
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		X
<900>	Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>		
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>		
<1010>		<i>(attach descriptive document)</i>		
<1100>	Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>		
<1110>		<i>(complete attached worksheet)</i>		
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		X

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>		<i>(check to indicate certification)</i>		
<2005>		<i>(complete attached worksheet)</i>		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		<i>(check to indicate certification)</i>		
<3005>		<i>(complete attached worksheet)</i>		

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
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<010> Study Area Code	53902
<015> Study Area Name	Communications Compa
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	rsha Spellman
<035> Contact Telephone Number - Number of person identified in data line <030>	03-997-1685
<039> Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@wc
<110> Has your company received its ETC certification from the FCC?	NO
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

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

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

Please check these boxes below to confirm that the attached PDF, 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.

Name of Attached Document (.pdf)

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
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<010>	Study Area Code	53902
<015>	Study Area Name	Warm Springs Telecommunication Comf
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	503-997-1685
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom

<910>	Tribal Land(s) on which ETC Serves	Confederated Tribes of
<920>	Tribal Government Engagement Obligation	Tribal Resolution

Name of Attached Document (.pdf)

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

	Select (Yes, No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	x
<922> Feasibility and sustainability planning;	x
<923> Marketing services in a culturally sensitive manner;	x
<924> Compliance with Rights of way processes	x
<925> Compliance with Land Use permitting requirements	x
<926> Compliance with Facilities Siting rules	x
<927> Compliance with Environmental Review processes	x
<928> Compliance with Cultural Preservation review processes	x
<929> Compliance with Tribal Business and Licensing requirements.	x

**(1110) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 April 2014

<010>	Study Area Code	53902
<015>	Study Area Name	Warm Springs Telecommunication Company
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	503-997-1685
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com

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

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

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986
Data Collection Form		OMB Control No. 3060-0819
		April 2014

<010>	Study Area Code	53902
<015>	Study Area Name	Warm SpringsTelecommunications Company
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <03>	503-997-1685
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<u>Up Application</u> Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP www.warmspringstelecom.com

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

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

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

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

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

April 2014

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

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

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

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

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

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

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , 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.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	_____
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(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	April 2014

-<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

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

Progress Report on 5 Year Plan	
(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} (3011) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), any rate of return carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information <input style="width: 100%; height: 15px;" type="text"/>
(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information <input style="width: 100%; height: 15px;" type="text"/> (Yes/No) <input style="width: 100%; height: 15px;" type="text"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>
(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? 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:	Name of Attached Document Listing Required Information <input style="width: 100%; height: 15px;" type="text"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	<input style="width: 100%; height: 15px;" type="text"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification.	<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	<input style="width: 100%; height: 15px;" type="text"/> Name of Attached Document Listing Required Information <input style="width: 100%; height: 15px;" type="text"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
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<010>	Study Area Code	53902
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	503-997-1685
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmingtelecom

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

<p>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.</p>
Name of Reporting Carrier: Warm Springs Telecommunications Company
Signature of Authorized Officer: See attachment with signature of officer 27-Jun-14
Printed name of Authorized Officer: Jose Matanane
Title or position of Authorized Officer: General Manager
Telephone number of Authorized Officer: 541-641-0555
Study Area Code of Reporting Carrier: 53902d Filing Due Date for this form: Date: 7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	April 2014

<010>	Study Area Code	53902
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data:	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	503-997-1685
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmingtelecom

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent) <u>Marsha Spellman</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Reporting Carrier: Warm Springs Telecommunications Company		
Signature of Authorized Officer:		Date: June 27, 2014
Printed name of Authorized Officer: Jose Matanane		
Title or position of Authorized Officer: General Manager		
Telephone number of Authorized Officer: 541-641-0555		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier: Warm Springs Telecommunications Company		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent:		
Telephone number of Authorized Agent or Employee of Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	7/1/2014
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.		

<010> Study Area Code _____

<015> Study Area Name _____

<020> Program Year _____

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

<035> Contact Telephone Number - Number of person identified in data line <030> _____

<039> Contact Email Address - Email Address of person identified in data line <030> _____

Filed as reviewed single company <input type="checkbox"/> Filed as reviewed consolidated company <input type="checkbox"/> Filed as subsidiary of reviewed consolidated company <input type="checkbox"/>	Filed as audited single company <input type="checkbox"/> Filed as audited consolidated company <input type="checkbox"/> Filed as subsidiary of audited consolidated company <input type="checkbox"/>
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CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature

Date

PART A. BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

(3005b) Operating Report for Privately-Held Rate of Return Carriers Income Statement - Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
Page 2 of 3	

<010> Study Area Code _____

<015> Study Area Name _____

<020> Program Year _____

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

<035> Contact Telephone Number - Number of person identified in data line <030> _____

<039> Contact Email Address - Email Address of person identified in data line <030> _____

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period $[(31+33+34)-(35+36+37+38)]$		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio $[(14+20-10-11)/7]$		
46. Operating Accrual Ratio $[(14+20+26)/7]$		
47. TIER $[(31+26)/26]$		
48. DSCR $[(31+26+10+11)/44]$		

(3005c) Operating Report for Privately-Held Rate of Return Carriers Cash Flow - Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 April 2014
Page 3 of 3	

<010> Study Area Code	
<015> Study Area Name	
<020> Program Year	
<030> Contact Name - Person USAC should contact regarding this data	
<035> Contact Telephone Number - Number of person identified in data line <030>	
<039> Contact Email Address - Email Address of person identified in data line <030>	

PART C. STATEMENTS OF CASH FLOWS	
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)
CASH FLOWS FROM OPERATING ACTIVITIES	
2.	Net Income
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities
3.	Add: Depreciation
4.	Add: Amortization
5.	Other (Explain)
Changes in Operating Assets and Liabilities	
6.	Decrease/(Increase) in Accounts Receivable
7.	Decrease/(Increase) in Materials and Inventory
8.	Decrease/(Increase) in Prepayments and Deferred Charges
9.	Decrease/(Increase) in Other Current Assets
10.	Increase/(Decrease) in Accounts Payable
11.	Increase/(Decrease) in Advance Billings & Payments
12.	Increase/(Decrease) in Other Current Liabilities
13.	Net Cash Provided/(Used) by Operations
CASH FLOWS FROM FINANCING ACTIVITIES	
14.	Decrease/(Increase) in Notes Receivable
15.	Increase/(Decrease) in Notes Payable
16.	Increase/(Decrease) in Customer Deposits
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital
20.	Less: Payment of Dividends
21.	Less: Patronage Capital Credits Retired
22.	Other (Explain)
23.	Net Cash Provided/(Used) by Financing Activities
CASH FLOWS FROM INVESTING ACTIVITIES	
24.	Net Capital Expenditures (Property, Plant & Equipment)
25.	Other Long-Term Investments
26.	Other Noncurrent Assets & Jurisdictional Differences
27.	Other (Explain)
28.	Net Cash Provided/(Used) by Investing Activities
29.	Net Increase/(Decrease) in Cash
30.	Ending Cash

Warm Springs Telecom



WARM SPRINGS TELECOM

PO Box 910 Warm Springs Or. 07761

How to comply with service standards and consumer protections

1. CPNI: Security questions for small business, enterprises, and residential
 - a. Passwords
 - b. Authorized users
2. IDs required for DOB, Verification from program or tax returns to qualify
3. Highly trained technicians
4. Quality technical products
5. OUTSIDE PLANT is CPNI enhanced

Warm Springs Telecom



WARM SPRINGS TELECOM

PO Box 910 Warm Springs Or. 07761

Functionality with Emergency Situations

1. 850 gallons diesel Back-up generator
2. If natural disaster, generator and batteries to last up to two weeks.
3. Diverse routes off and on the reservation in case one goes down, there is redundancy in the network
4. Reverse 911 capable



Warm Springs Telecom Tribal Connect & Link-Up Application

Tribal Connect Service/Link-up Assistance is available to all Tribal members and residential customers who live within the boundaries of The Confederated Tribes of Warm Springs reservation. The eligibility established by the FCC is listed below. This is a self-certification application and must be returned to Warm Springs Telecom. **Annual recertification is required.**

Return to: Warm Springs Telecom (541)615-0555 Phone
 PO Box 910, 4202 Holliday St. (541)615-0550 Fax
 Warm Springs, OR 97761

NAME:	
DATE OF BIRTH:	LAST 4-DIGITS OF SOCAIL SECURITY NUMBER:
PHYSICAL ADDRESS:	IS THIS ADDRESS: <div style="display: flex; justify-content: space-around;"> PERMANENT TEMPORARY </div>
MAILING ADDRESS:	
TELEPHONE NUMBER:	

The telephone account must be in applicant's name.

I AM APPLYING FOR (check one or both)	<input type="checkbox"/> Tribal Connect Monthly Telephone Service Discount of \$15.15 (Starting at \$1 plus surcharges) <input type="checkbox"/> Link-up Telephone Installation Discount of \$75.00 , One-Time Charge
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I PARTICIPATE IN (only one needed to qualify)	<input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Medicaid (OHP) <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> National School Lunch (free program only) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Food Distribution Program on Indian Lands (FDPIR) <input type="checkbox"/> Head Start (income qualifying/residents of Tribal Lands only) <input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines <table style="margin-left: 20px;"> <thead> <tr> <th style="text-align: left;"><u>Family Size</u></th> <th style="text-align: left;"><u>Annual Income</u></th> </tr> </thead> <tbody> <tr><td>1</td><td>\$15,755</td></tr> <tr><td>2</td><td>\$21,236</td></tr> <tr><td>3</td><td>\$26,717</td></tr> <tr><td>4</td><td>\$32,198</td></tr> <tr><td>5</td><td>\$37,679</td></tr> <tr><td>+</td><td>Add \$5,457 for each additional person</td></tr> </tbody> </table>	<u>Family Size</u>	<u>Annual Income</u>	1	\$15,755	2	\$21,236	3	\$26,717	4	\$32,198	5	\$37,679	+	Add \$5,457 for each additional person
<u>Family Size</u>	<u>Annual Income</u>														
1	\$15,755														
2	\$21,236														
3	\$26,717														
4	\$32,198														
5	\$37,679														
+	Add \$5,457 for each additional person														

PLEASE READ AND INITIAL ALL

CUSTOMER CERTIFIES

INITIAL ____

Phone service is listed in his or her name. (one Lifeline Service per household)

INITIAL ____

The subscriber meets the income-based or program-based criteria for receiving Tribal Connect

INITIAL ____

The subscriber will notify the carrier (WST) within 30 days if for any reason he or she no longer satisfies the criteria for receiving Tribal Connect, including, as relevant, if the subscriber no longer meets the income-based or program-based criteria for receiving Tribal Connect support, the subscriber is receiving more than one lifeline benefit, or another member of the subscriber's household is receiving a Tribal Connect benefit.

INITIAL ____

If the subscriber is seeking to qualify for Tribal Connect as an eligible resident of Tribal Lands, he or she must live within the boundaries of The Confederated Tribes of Warm Springs.

INITIAL ____

If the subscriber moves to a new address, he or she will provide the address to WST within 30 days.

INITIAL ____

If the subscriber provided a temporary residential address to WST, he or she will be required to verify his or her temporary residential address every 90 days.

INITIAL ____

The subscriber's household will receive only one Tribal Connect service and, to the best of his or her knowledge, the subscriber's household is not already receiving a Tribal Connect service.

INITIAL ____

The information contained is the subscriber's certification is true and correct to the best of his or her knowledge

INITIAL ____

The subscriber acknowledges that providing false or fraudulent information to receive Tribal Connect benefits is punishable by law.

INITIAL ____

The subscriber acknowledges that the subscriber may be required to recertify his or her continued eligibility for Tribal connect every year between July 1st and December 31st, and the subscriber's failure to re-certify as to his or her continues eligibility will result in de-enrollment and the termination of the subscriber's Tribal Connect.

INITIAL ____

I understand and consent to Warm Springs Telecom providing my Tribal Connect service account information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Tribal Connect service was initiated/terminated, the amount of my Tribal Connect support provided, and the means through which I qualified for Tribal Connect, to the Universal Service Administrative Company (USAC), USAC's agents and/or Oregon Telephone Assistance Program ensure the proper administration of the Tribal Connect program. I understand that if I fail to provide this consent, Warm Springs Telecom will deny me Tribal Connect service.

APPLICANT SIGNATURE

DATE

INTERNAL USE ONLY

ORIGINAL CERIFICATION

DATE:

VERIFIED BY:

VERIFIED WITH:

ANNUAL RECERTIFICATION

DATE:

SERVICE ORDER NO.

CRM NOTES: YES OR NO



Business Rates Quote

<p style="text-align: center;">PHONES UNBUNDLED</p> <hr/> <p>TIER 1 \$32.00 <input type="checkbox"/> <small>No CF/No Long Distance Included</small></p> <p>TIER 2 \$33.50 <input type="checkbox"/> <small>with 10 calling features & 60 minutes free long distance</small></p> <p>TIER 3 \$37.37 <input type="checkbox"/> <small>with 10 calling features , 60 minutes free long distance & voice mail</small></p> <p>TIER 4 \$58.27 <input type="checkbox"/> <small>with 10 calling features , unlimited long distance & voice mail</small></p> <hr/> <p style="text-align: center;">INTERNET UNBUNDLED</p> <hr/> <p>BASIC 2.0 \$50.00 <input type="checkbox"/> <small>2.0MB down/1.0MB up</small></p> <p>PREMIUM 4.0 \$79.99 <input type="checkbox"/> <small>4.0MB down/1.0MB up</small></p> <p>ULTIMATE 6.0 \$89.99 <input type="checkbox"/> <small>6.0MB down/1.0MB up</small></p> <hr/> <p style="text-align: center;">PHONES BUNDLED</p> <hr/> <p>TIER 1 \$29.00 <input type="checkbox"/> <small>No CF/No Long Distance Included</small></p> <p>TIER 2 \$30.00 <input type="checkbox"/> <small>with 10 calling features & 60 minutes free long distance</small></p> <p>TIER 3 \$32.00 <input type="checkbox"/> <small>with 10 calling features , 60 minutes free long distance & voice mail</small></p> <p>TIER 4 \$49.00 <input type="checkbox"/> <small>with 10 calling features , unlimited long distance & voice mail</small></p> <hr/> <p style="text-align: center;">INTERNET BUNDLED</p> <hr/> <p>BASIC 2.0 \$45.00 <input type="checkbox"/> <small>2.0MB down/1.0MB up</small></p> <p>PREMIUM 4.0 \$67.00 <input type="checkbox"/> <small>4.0MB down/1.0MB up</small></p> <p>ULTIMATE 6.0 \$74.00 <input type="checkbox"/> <small>6.0MB down/1.0MB up</small></p> <hr/> <p style="text-align: center;">INSTALLATION</p> <hr/> <p>Internet Only \$225.00 <input type="checkbox"/></p> <hr/> <p style="text-align: center;">ACTIVATION</p> <hr/> <p>Activation Fee \$50.00 <input type="checkbox"/></p> <hr/> <p style="text-align: center;">SECOND PHONE LINE</p> <hr/> <p>Add a second phone line to any Tier. \$26.00 <input type="checkbox"/></p>	<p style="text-align: center;">CALLING FEATURES</p> <hr/> <p>VOICE MAIL \$8.00 <input type="checkbox"/> <small>Allows callers to leave message on your phone line.</small></p> <p>AUTOMATIC CALL BACK \$2.00 <input type="checkbox"/> <small>Notifies you when a busy line becomes free by calling you back</small></p> <p>CALL WAITING \$2.00 <input type="checkbox"/> <small>Allows you to answer an incoming call while you are on the phone</small></p> <p>INTERCOM \$2.00 <input type="checkbox"/> <small>Permits dialing of intra-Business group calls</small></p> <hr/> <p>CALL WAITING/CALLER ID \$2.00 <input type="checkbox"/> <small>Allows you to answer an incoming call while you are on the phone and will display caller number</small></p> <p>CALLER ID \$2.00 <input type="checkbox"/> <small>Phone number of caller is shown on telephone display</small></p> <p>CALL HOLD \$2.00 <input type="checkbox"/> <small>Allows to put one call on hold so you may dial another number</small></p> <p>DO NOT DISTURB \$2.00 <input type="checkbox"/> <small>To temporarily block incoming calls, out going calls will still be allowed.</small></p> <p>FIND ME FOLLOW ME \$2.00 <input type="checkbox"/> <small>Find Me refers to the ability to receive incoming calls at any location. Follow Me refers to the ability to receive calls at any number of designated phones, whether ringing all at once, or in sequence.</small></p> <p>THREE WAY CALLING \$2.00 <input type="checkbox"/> <small>Allows you to talk to two people at once</small></p> <p>ANONYMOUS CALL REJECTION \$2.00 <input type="checkbox"/> <small>Rejects all numbers that have per line blocking</small></p> <p>BUSY CALL FORWARDING \$2.00 <input type="checkbox"/> <small>Forwards incoming calls to a different number when the dialed number is busy</small></p> <p>SELECTIVE CALL FORWARDING \$2.00 <input type="checkbox"/> <small>Special calls can be forwarded to another</small></p> <p>CALLER ID BLOCKING \$2.00 <input type="checkbox"/> <small>Your number will not be visible to who you are calling</small></p> <p>CALL WAITING RING BACK \$2.00 <input type="checkbox"/> <small>Call waiting informs you of a second call so you may hang up the phone and receive an immediate ringback with the second call.</small></p> <p>TOLL RESTRICTION \$0.00 <input type="checkbox"/> <small>Disallows long distance calls from a subscriber line</small></p> <hr/> <p style="text-align: center;">LONG DISTANCE</p> <hr/> <p>100 minutes 12 Cents/min \$12.00 <input type="checkbox"/></p> <p>300 minute 5.6 Cents/min \$17.00 <input type="checkbox"/></p> <p>Unlimited minutes \$25.65 <input type="checkbox"/> <small>Once you reached your limits it defaults back to 15 cents/min.</small></p> <hr/> <p style="text-align: right;">TOTAL ESTIMATE: </p>
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^This quote doesn't include surcharges and fees
 ^All RATES AND CHARGES ARE SUBJECT TO CHANGE
 ^YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.



P.O. Box 910
4202 Holliday Street
Warm Springs, OR 97761
(541) 615-0555
Fax (541) 615-0550

CUSTOMER AGREEMENT

DATE: _____ CSR: _____ ASSIGNED TELEPHONE NUMBER: _____

TELEPHONE ACCOUNT HOLDER INFORMATION

BUSINESS NAME: _____ FEDERAL ID NUMBER: _____

CONTACT NUMBER: _____ E-MAIL: _____

DIRECTORY LISTING: _____ MANAGER: _____

SERVICE INFORMATION

TELEPHONE ONLY: YES Tier 1 Tier 2 Tier 3 Tier 4 Other CF: _____

INTERNET ONLY: YES SPEED: 2.0 MB Down 4.0 MB Down 6.0 MB Down

BUNDLES: Tier 1 Tier 2 Tier 3 Tier 4 Other CF: _____

BASIC 2.0 PREMIUM 4.0 ULTIMATE 6.0

PHONE NUMBER: NEW NUMBER EXISTING NUMBER: _____ ADD SECOND LINE

PHYSICAL ADDRESS: _____ PO BOX: _____

ARE YOU THE BUILDING OWNER? Yes No IF NO, WHO IS THE BUILDING OWNER? _____

IF YOU ARE NOT THE BUILDING OWNER YOU MUST PROVIDE A LETTER OF AUTHORIZATION FROM BUILDING OWNER

CUSTOMER PROPRIETARY NETWORK INFORMATION (CPNI)

Please provide the information below for verification purposes. When calling in by phone WSTC may ask you to verify the information given.

SECURITY QUESTION: _____

SECURITY ANSWER: _____

LONG DISTANCE DEPOSIT REQUIREMENT

New WSTC customers are subject to a \$20.00 deposit in order to establish a credit. Deposits will be retained for a period of 12 months.

DEPOSIT DATE: _____ RETAIN UNTIL, DATE: _____ AMOUNT: _____

BEST AVAILABLE TIME FOR INSTALL

DATE: _____ TIME: _____

CUSTOMER SIGNATURE

DATE

^This quote doesn't include surcharges and fees

^All RATES AND CHARGES ARE SUBJECT TO CHANGE

^YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.

^By signing above I am certifying all information is true and my acknowledgement of the Warm Springs Telecommunication Service Agreement.



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CUSTOMER AGREEMENT

DATE: _____ CSR: _____ ASSIGNED TELEPHONE NUMBER: _____

TELEPHONE ACCOUNT HOLDER INFORMATION

BUSINESS NAME: _____ FEDERAL ID NUMBER: _____

CONTACT NUMBER: _____ E-MAIL: _____

DIRECTORY LISTING: _____ MANAGER: _____

SERVICE INFORMATION

TELEPHONE ONLY: YES Tier 1 Tier 2 Tier 3 Tier 4 Other CF: _____

INTERNET ONLY: YES SPEED: 2.0 MB Down 4.0 MB Down 6.0 MB Down

BUNDLES: BASIC 2.0 PREMIUM 4.0 ULTIMATE 6.0

PHONE NUMBER: NEW NUMBER EXISTING NUMBER: _____ ADD SECOND LINE

PHYSICAL ADDRESS: _____ PO BOX: _____

ARE YOU THE BUILDING OWNER? Yes No IF NO, WHO IS THE BUILDING OWNER? _____

IF YOU ARE NOT THE BUILDING OWNER YOU MUST PROVIDE A LETTER OF AUTHORIZATION FROM BUILDING OWNER

CUSTOMER PROPRIETARY NETWORK INFORMATION (CPNI)

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SECURITY ANSWER: _____

LONG DISTANCE DEPOSIT REQUIREMENT

New WSTC customers are subject to a \$20.00 deposit in order to establish a credit. Deposits will be retained for a period of 12 months.

DEPOSIT DATE: _____ RETAIN UNTIL, DATE: _____ AMOUNT: _____

BEST AVAILABLE TIME FOR INSTALL

DATE: _____ TIME: _____

CUSTOMER SIGNATURE

DATE

^This quote doesn't include surcharges and fees

^All RATES AND CHARGES ARE SUBJECT TO CHANGE

^YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.

^By signing above I am certifying all information is true and my acknowledgement of the Warm Springs Telecommunication Service Agreement.



P.O. Box 910
 4202 Holliday Street
 Warm Springs, OR 97761
 (541) 615-0555
 Fax (541) 615-0550

Residential Rates Quote

PHONES			CALLING FEATURES		
TIER 1	\$16.15	<input type="checkbox"/>	VOICE MAIL	\$8.00	<input type="checkbox"/>
No CF/No Long Distance Included, and Extended Family Line			Allows callers to leave message on your phone line.		
TIER 2	\$36.15	<input type="checkbox"/>	AUTOMATIC CALL BACK	\$2.00	<input type="checkbox"/>
with 10 calling features & 60 minutes free long distance, and Extended Family Line			Notifies you when a busy line becomes free by calling you back		
TIER 3	\$44.95	<input type="checkbox"/>	CALL WAITING	\$2.00	<input type="checkbox"/>
with 10 calling features & unlimited long distance, and Extended Family Line			Allows you to answer an incoming call while you are on the phone		
BUNDLING			CALL WAITING RING BACK		
BASIC BUNDLE 1.5	\$36.99	<input type="checkbox"/>	Call waiting informs you of a second call so you may hang up the phone and receive an immediate ringback with the second call.		
Tier 1 phone , 1.5 MB Basic internet, and Extend Family Line			CALL WAITING/CALLER ID		
PREMIUM BUNDLE 2.0	\$54.99	<input type="checkbox"/>	Allows you to answer an incoming call while you are on the phone and will display caller number		
with 10 calling features & unlimited long distance/ 2 MB Premium Internet, and Extended Family Line			CALLER ID		
ULTIMATE BUNDLE 4.0	\$79.99	<input type="checkbox"/>	Phone number of caller is shown on telephone display		
with 10 calling features & unlimited long distance/ 4 MB Ultimate Internet , and Extended Family Line			CALLER ID BLOCKING		
LONG DISTANCE			DO NOT DISTURB		
100 minutes	12 Cents/min	\$12.00	<input type="checkbox"/>	To temporarily block incoming calls, out going calls will still be allowed.	
300 minute	5.6 Cents/min	\$17.00	<input type="checkbox"/>	FIND ME FOLLOW ME	
unlimited minutes		\$25.65	<input type="checkbox"/>	Find Me refers to the ability to receive incoming calls at any location. Follow Me refers to the ability to receive calls at any number of designated phones, whether ringing all at once, or in sequence.	
Once you reached your limits it defaults back to 15 cents/min.			THREE WAY CALLING		
TRIBAL CONNECT			ANONYMOUS CALL REJECTION		
Tribal connect assistance	-\$15.15	<input type="checkbox"/>	Rejects all numbers that have per line blocking		
PROMOTIONS			BUSY CALL FORWARDING		
6 month Basic Internet promo	-\$11.00	<input type="checkbox"/>	Forwards incoming calls to a different number when the dialed number is busy		
BOLD Calling Features(CF) are included in Tiers 2 and 3; Bundling Premium and Ultimate.			CALL HOLD		
EXTEND FAMILY LINE IS AN ADDITIONAL LINE WITH A DIFFERENT PHONE NUMBER , NO CALLING FEATURES AND NO LONG DISTANCE			Allows to put one call on hold so you may dial another number		
			SELECTIVE CALL ACCEPTANCE		
			Only the numbers you choose will be accepted		
			SELECTIVE CALL FORWARDING		
			Special calls can be forwarded to another		
			SELECTIVE CALL REJECTION		
			Rejects calls from specified numbers		
			TOLL RESTRICTION		
			Disallows long distance calls from a subscriber line		
			TOTAL ESTIMATE:		

^This quote doesn't include surcharges and fees

^All RATES AND CHARGES ARE SUBJECT TO CHANGE

^TRIBAL CONNECT CREDITS will be applied once application and verification are completed- **FCC/Federal Funded Program**

^YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.



WARM SPRINGS TELECOM

P.O. Box 910
4202 Holliday Street
Warm Springs, OR 97761
(541) 615-0555
Fax (541) 615-0550

CUSTOMER AGREEMENT

DATE: _____ CSR: _____ ASSIGNED TELEPHONE NUMBER: _____

TELEPHONE ACCOUNT HOLDER INFORMATION

FULL NAME: _____ SOCIAL SECURITY #: _____

CONTACT NUMBER: _____ E-MAIL: _____

DIRECTORY LISTING: _____ CO-APPLICANT: _____

SERVICE INFORMATION

TELEPHONE ONLY: **YES** : Tier 1 Tier 2 Tier 3 Voicemail
 NEW NUMBER EXISTING NUMBER: _____

CALLING FEATURES: _____ Extended Family Line

BUNDLES: BASIC 1.5 PREMIUM 2.0 ULTIMATE 4.0

PHYSICAL ADDRESS: _____ PO BOX: _____

ARE YOU THE HOME OWNER? Yes No IF NO, WHO IS THE HOME OWNER? _____

CUSTOMER PROPRIETARY NETWORK INFORMATION (CPNI)

Please provide the information below for verification purposes. When calling in by phone WSTC may ask you to verify the information given. Please select **one**.

THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER? _____

WHAT IS YOUR MOTHER'S MAIDEN NAME? _____

WHAT CITY WERE YOU BORN IN? _____

LONG DISTANCE DEPOSIT REQUIREMENT

New WSTC customers are subject to a \$20.00 deposit in order to establish a credit. Deposits will be retained for a period of 12 months.

DEPOSIT DATE: _____ RETAIN UNTIL, DATE: _____ AMOUNT: _____

BEST AVAILABLE TIME FOR INSTALL

DATE: _____ TIME: _____

CUSTOMER SIGNATURE

DATE

^This quote doesn't include surcharges and fees

^All RATES AND CHARGES ARE SUBJECT TO CHANGE

^TRIBAL CONNECT CREDITS will be applied once application and verification are completed- FCC/Federal Funded Program

^YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.

^By signing above I am certifying all information is true and my acknowledgement of the Warm Springs Telecommunication Service Agreement.



P.O. Box 910
 4202 Holliday Street
 Warm Springs, OR 97761
 (541) 615-0555
 Fax (541) 615-0550

Residential Rates Quote

Phones	CALLING FEATURES
<p>TIER 1 \$16.15 <input type="checkbox"/> No CF/No Long Distance Included</p> <p>TIER 2 \$36.15 <input type="checkbox"/> with 10 calling features & 60 minutes free long distance</p> <p>TIER 3 \$44.95 <input type="checkbox"/> with 10 calling features & unlimited long distance</p>	<p>VOICE MAIL \$8.00 <input type="checkbox"/> Allows callers to leave message on your phone line.</p> <p>AUTOMATIC CALL BACK \$2.00 <input type="checkbox"/> Notifies you when a busy line becomes free by calling you back</p> <p>CALL WAITING \$2.00 <input type="checkbox"/> Allows you to answer an incoming call while you are on the phone</p> <p>CALL WAITING RING BACK \$2.00 <input type="checkbox"/> Call waiting informs you of a second call so you may hang up the phone and receive an immediate ringback with the second call.</p> <p>CALL WAITING/CALLER ID \$2.00 <input type="checkbox"/> Allows you to answer an incoming call while you are on the phone and will display caller number</p> <p>CALLER ID \$2.00 <input type="checkbox"/> Phone number of caller is shown on telephone display</p> <p>CALLER ID BLOCKING \$2.00 <input type="checkbox"/> Your number will not be visible to who you are calling</p> <p>DO NOT DISTURB \$2.00 <input type="checkbox"/> To temporarily block incoming calls, out going calls will still be allowed.</p> <p>FIND ME FOLLOW ME \$2.00 <input type="checkbox"/> Find Me refers to the ability to receive incoming calls at any location. Follow Me refers to the ability to receive calls at any number of designated phones, whether ringing all at once, or in sequence.</p> <p>THREE WAY CALLING \$2.00 <input type="checkbox"/> Allows you to talk to two people at once</p> <p>ANONYMOUS CALL REJECTION \$2.00 <input type="checkbox"/> Rejects all numbers that have per line blocking</p> <p>BUSY CALL FORWARDING \$2.00 <input type="checkbox"/> Forwards incoming calls to a different number when the dialed number is busy</p> <p>CALL HOLD \$2.00 <input type="checkbox"/> Allows to put one call on hold so you may dial another number</p> <p>SELECTIVE CALL ACCEPTANCE \$2.00 <input type="checkbox"/> Only the numbers you choose will be accepted</p> <p>SELECTIVE CALL FORWARDING \$2.00 <input type="checkbox"/> Special calls can be forwarded to another</p> <p>SELECTIVE CALL REJECTION \$2.00 <input type="checkbox"/> Rejects calls from specified numbers</p> <p>TOLL RESTRICTION \$0.00 <input type="checkbox"/> Disallows long distance calls from a subscriber line</p>
INTERNET	
<p>BASIC 35.99 <input type="checkbox"/> 1.5MB down/1.0MB up</p> <p>PREMIUM 45.99 <input type="checkbox"/> 2.0MB down/1.0MB up</p> <p>ULTIMATE 74.99 <input type="checkbox"/> 4.0MB down/1.0MB up</p>	
BUNDLING	
<p>BASIC BUNDLE 1.5 \$36.99 <input type="checkbox"/> Tier 1 phone & basic internet</p> <p>PREMIUM BUNDLE 2.0 \$54.99 <input type="checkbox"/> with 10 calling features & unlimited long distance/Premium Internet</p> <p>ULTIMATE BUNDLE 4.0 \$79.99 <input type="checkbox"/> with 10 calling features & unlimited long distance/Ultimate Internet</p>	
LONG DISTANCE	
<p>100 minutes 12 Cents/min \$12.00 <input type="checkbox"/></p> <p>300 minute 5.6 Cents/min \$17.00 <input type="checkbox"/></p> <p>unlimited minutes \$25.65 <input type="checkbox"/> Once you reached your limits it defaults back to 15 cents/min.</p>	
TRIBAL CONNECT	
<p>Tribal connect assistance -\$15.15 <input type="checkbox"/></p>	
PROMOTIONS	
<p>6 month Basic Internet promo -\$11.00 <input type="checkbox"/></p>	

BOLDED Calling Features(CF) are included in Tiers 2 and 3; Bundling Premium and Ultimate.

TOTAL ESTIMATE:

^This quote doesn't include surcharges and fees
 ^All RATES AND CHARGES ARE SUBJECT TO CHANGE
 ^TRIBAL CONNECT CREDITS will be applied once application and verification are completed- **FCC/Federal Funded Program**
 ^YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE AND ANY APPLICABLE INSTALLATION FEES.

NAME:		
ADDRESS:		
BIRTHDATE:	SSN:	TELEPHO

I AM APPLYING FOR (check one or both)	<input type="checkbox"/> Tribal Connect Monthly Telephone Service Discou <input type="checkbox"/> Link-up Telephone Installation Discount of \$75.00
--	---

I PARTICIPATE IN (only one needed to qualify)	<input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Medicaid <input type="checkbox"/> Low Income Home Engery Assistance Program (LIH <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> National School Lunch (free program only) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Tribally Administered TANF <input type="checkbox"/> Head Start (income qualifying/resodents of Tribal <input type="checkbox"/> Income at or below 135% of Federal Poverty Guide <table style="margin-left: 40px; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;"><u>Family Size</u></th> <th style="text-align: center;"><u>Annual Income</u></th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$14,702</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$19,859</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$25,016</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$30,173</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$35,330</td></tr> <tr><td style="text-align: center;">+</td><td style="text-align: center;">Add \$5,157 for</td></tr> </tbody> </table>	<u>Family Size</u>	<u>Annual Income</u>	1	\$14,702	2	\$19,859	3	\$25,016	4	\$30,173	5	\$35,330	+	Add \$5,157 for
<u>Family Size</u>	<u>Annual Income</u>														
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3	\$25,016														
4	\$30,173														
5	\$35,330														
+	Add \$5,157 for														

CUSTOMER CERTIFIES	1 Phone service is listed in his or her name. (one dis 2 If customer ceased to participate in any of the pro Warm Springs Telecom will be notified.
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APPLICANT SIGNATURE

NE NUMBER:

nt of \$15.15
), One-Time Charge

)

HEAP)

Lands only)
elines

each additional person

count per household)
grams listed above or any other conditions change,

DATE

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 4000-0086 OMA Control No. 3000-0815 April 2014
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<010>	Study Area Code	53002
<015>	Study Area Name	Warm Springs Telecommunications Company
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	503-997-1685
<039>	Contact Email Address - Email Address of person identified in data line <030>	martha.spellman@warmspringstelecom

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

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: Warm Springs Telecommunications Company	
Signature of Authorized Officer: <i>Jose M. Matanarie</i>	27-Jun-14
Printed name of Authorized Officer: Jose Matanarie	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 541-641-0555	
Study Area Code of Reporting Carrier: 53002d	Filing Due Date for this form: Date: 1/1/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	