DOCKET NO. UM 1688

Cover Sheet for Submission of 2014 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: Oregon-Idaho Utilities, Inc.
Filing date: <u>June 27, 2014</u>
Is this: Original submission? X OR Revised submission?
Person to contact for questions:
NameDouglas Musgrave
Phone number(208) 461-7802
E-mail address <u>doug.musgrave@oiutelecom.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)
Form 690 (Mobility Fund per 47 CFR § 54.1009)
X_ 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 <u>July 1, 2014</u>. The CAF/ICC support data are due the same day as the ETC's <u>interstate access tariff filing</u>.

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.

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

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, <u>Douglas N. Musgrave</u> [name of company officer], being of lawful age and duly s	sworn, on
my oath, state that I am the Manager/ Assistant Corp. Secretary	[title] of
Oregon-Idaho Utilities, Inc. [Company name] and that I am authorized to	execute
this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are tru	e to the
best of my knowledge, information and belief.	
Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. §	54.314,
Oregon-Idaho Utilities, Inc. [Company name] hereby certifies to the Public	Utility
Commission of Oregon that it is eligible to receive federal high-cost support for the pro-	ogram
years cited.	
I attest that all federal high-cost support provided to <u>Oregon-Idaho Utilities, Inc.</u> [C	ompany
name] in Oregon was used in the preceding calendar year (2013) and will be used in the	e coming
calendar year (2015) only for the provision, maintenance and upgrading of facilities an	d services
for which the support is intended.	
DATED this <u>27th</u> day of <u>June</u> , 2014.	
DATED this <u>27</u> day of <u>June</u> , 2014.	
By: (Officer's Name)	
Officer s tvame)	
Its: Manager/ Assistant Corp. Secretary (Officer's Title)	
SUBSCRIBED AND SWORN to before me this 27 day of 3000 , 2014.	
/ / / / /	
Lemmit III	
Notary public in and for the State of	
My Commission Expires: 19, 26(6) OFFICIAL S KENNETH L C NOTARY PUBLIC - COMMISSION NO MY COMMISSION EXPIRES	AROSEE W

OREGON-IDAHOUTILITIESING.

1023 N. Horton Street P.O. Box 1880 Nampa, Idaho 83653 208-461-7802 208-461-7896 FAX

June 27, 2014

Public Utility Commission of Oregon ATTN: Filing Center 3930 Fairview Industrial Drive SE Salem, OR. 97302-1166

RE: UM 1688 Submission of Annual ETC Recertification Reports and Request for Certain Financial Information to be withheld from public disclosure.

Dear Commission,

Enclosed, please find Oregon-Idaho Utilities FCC form 481 submission for SAC 532390. This Form 481 has been filed with USAC and the FCC. In accordance with public disclosure laws in the State of Oregon, including OAR 860-032-0070 and ORS 192.501, Oregon-Idaho Utilities, Inc. requests the attachments "Line 112, and Line 3017, Five Year Service Improvement Plan, and RUS Operating Report and Management Letter" of the FCC Form 481 submission of Oregon-Idaho Utilities be withheld from public disclosure on the grounds that it contains company specific financial information including information based upon audited financial reports and includes affiliated companies' financial results of operations, all of which is competitively sensitive in nature. The information from our UM 1688 submission to be withheld is separated from non-sensitive information and has been placed on yellow paper, and in the envelope marked "Confidential" as required by OAR 860-001-0070. In addition, each page to be withheld has been marked "Confidential" at the top and bottom of the page. Please contact me if you have any questions regarding this filing and confidentiality request.

Sincerely,

Douglas N. Musgrave

Manager

enclosures

FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 30 July 2013	060-0986/OMB Control N	No. 3060-0819
<010>	Study Area Code	532390				
<015>	Study Area Name	OREGON-IDAHO UTI	L.			
<020>	Program Year	2015				
<030>	Contact Name: Person USAC should contact with questions about this data	Doug Musgrave				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2084617802 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	doug.musgrave@oi	utelecom.net			
					54.313	54.422
ABIBILIA	L REPORTING FOR ALL CARRIERS				Completion	Completion Required
ANNUA	L REPORTING FOR ALL CARRIERS				(check box whe	
<100>	Service Quality Improvement Reporting		(complete attached w	vorksheet)	1	MEN
<200>	Outage Reporting (voice)		(complete attached w	rorksheet)	✓	
<210>		o outages to report				****
<300>	Unfulfilled Service Requests (voice)					
<310>	Detail on Attempts (voice)			(attach descriptiv	e document)	
						1
<320>	Unfulfilled Service Requests (broadband)					
<330>	Detail on Attempts (broadband)			(attach descript	ive document)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed 0.0				/	
<420>	Mobile 0.0					
	Number of Complaints per 1,000 customers (broad	band)			✓	
<440> <450>	Fixed 0.0 Mobile 0.0					
<500>	Service Quality Standards & Consumer Protection R	Rules Compliance	(check to indicate ce	ertification)	✓	
<510>			(attached descrip	tive document)	1	
<600>	Functionality in Emergency Situations		(check to indicate ce	ertification)	1	
1000	5323900RID610.pdf					
			(attached descriptive	document)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached	worksheet)	/	THE STATE OF
<710>			(complete attached	worksheet)		MIN
<800>			(complete attached	worksheet)		$\overline{}$
	Tribal Land Offerings (Y/N)?		(if yes, complete attached		-	
<1000>	Voice Services Rate Comparability	1000	(check to indicate ce	erajicationj		
			4			
<1010	·		(attach descriptive	document)		
<1100	> Terrestrial Backhaul (Y/N)?		(if not, check to indicate o	ertification)		
<1110>			(complete attached	worksheet)		
	Terms and Condition for Lifeline Customers		(complete attached		111111	/
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Wo	orksheet			
	Including Rate-of-Return Carriers affiliated with P	rice Cap Local Excha	inge Carriers			
<2000>			(check to indicate ce			11/1/1/1/1
<2005>	Rate of Return Carriers, Proceed to ROR Additiona	Documentation M	(complete attached	worksheet)		18888
<3000>	nate of neturn carriers, Proceed to NON Additiona	. Documentation W	(check to indicate ce	ertification)	/	77777
<3005>			(complete attached		1	11111

	rvice Quality Improvement Reporting Ilection Form			FCC Form 481 OMB Control No. 3060-0986/OI July 2013	MB Control No. 3060	-0819
<010>	Study Area Code	532390		-		
<015>	Study Area Name	OREGON-IDAHO L	mil.			
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave				
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext	Ei.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave	Boiutelecom.net			
<110>	Has your company received its ETC certification from the FCC?	(yes /	no) O O			
<111>	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) O O			
	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.	Г	\$32390or112.pdf			1
<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 of CETC which only receives frozen support, your progress report is only	company is a				
	required to address voice telephony service.					
	Please check these boxes below to confirm that the attached documents(s), on lin 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.	ne		Name of Attached Document		-
<113>	Maps detailing progress towards meeting plan targets	V				
<114>	Report how much universal service (USF) support was received		- 1			
<115>	How (USF) was used to improve service quality	1				
<116>	How (USF)was used to improve service coverage					
<117>	How (USF) was used to improve service capacity					
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.					

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug, musgrave@oiutelecom.net

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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H									-			
t			Common or	-sound so								
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T												
L		- A										
L											Early-services	
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+									+			
Н									+			

100000000000000000000000000000000000000	ice Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390	
<015>	Study Area Name	ORBGON-IDAHO UTIL.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.net	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs><</bs>	<>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
F									
F									
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F							1		
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					See a	tached worksheet			1
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H									

(710) Broadband Price Offerings		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.
<030>	Contact Email Address - Email Address of person identified in data line <0305	down muscrave@ciuteleccm.net

>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	«>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
F									
E				- See attac					
				worksheet -					

	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013
<010>	Study Area Code	532390		
<015>	Study Area Name	OREGON-IDAHO	TIL.	
<020>	Program Year	2015		
<030>				
<035>	Contact Telephone Number - Number of person identified in data line <030	2084617802 ex	t.,	
<039>	Contact Email Address - Email Address of person identified in data line <030	> doug.musgrave	Soiutelecom.net	
<810>	Reporting Carrier Oregon-Idaho Utilities, Inc.			
<811>	Holding Company Robinson Communications Corp.			
<812>	Operating Company NA			
<813>	<a>>		<a2></a2>	<a3></a3>
	Affiliates		SAC	Doing Business As Company or Brand Designation
29		Soo offi	ahad warkahaa	
		See atta	ached workshee	
		See atta	ached workshee	
22 19 13 13 13 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		See atta	ached workshee	
		See atta	ached workshee	
		See atta	ached workshee	
		See atta	ached worksheet	
		See atta	ached worksheet	

900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030	> 2084617802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	> doug.musgrave@oiutelecom.net
<910>	Tribal Land(s) on which ETC Serves	
:920>	Tribal Government Engagement Obligation	Name of Attached Document
f your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
	rm the status described on the attached document(s), on line 920,	
demons	trates coordination with the Tribal government pursuant to	Select
§ 54.31	3(a)(9) includes:	Yes,No,
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	NA)
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	
	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390	
<015>	Study Area Name	OREGON-IDAHO UTIL.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.net	
<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)		

Lifeline	rms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390	
<015>	Study Area Name	OREGON-IDAHO UTIL.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave	
<035>	Contact Telephone Number - Number of person identified in data line <030	> 2084617802 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	doug.musgraye@oiutelecom.net	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	\$323900r1210.pdf	
<1220>	Link to Public Website HTTP	Na	me of Attached Document
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
ncluding	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	532390	
<015>	Study Area Name	OREGON-IDAHO UTIL.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.net	
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(ica Phase I support, frozen High Cost support, High Cost sup e) the information reported on this form and in the docume	
	Instrumental Connect Associate Observations		
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>		⊨	
<2011>	and fear Certification (47 CFR 9 54.313(D)(Z))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>			
<2015>	5)		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>			
	8000	<u> </u>	
	Connect America Phase II Reporting [47 CFR § 54.313(e)]		
<2017>		-	
<2018>			
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	t shall provide the number, names, and	
		1	
<2021>	Interim Progress Community Anchor Institutions		
		I.	ı
		L.,	ocument Listing Required Information

Solid State Area Cinde	3000) Ra	ate Of Return Carrier Additional Documentation	FCC Form 481
dilp: Stufy Area Circle dilp: Stufy Area Circle dilp: Stufy Area Circle dilp: Region from dilp: Contact Name - Promot LISC Studied contact regioning the data Dough Massayawe dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Contact from a Address: Caral Address of person detertified in data Sine dilp: dilp: Reson check the bits but to confirm that the addaced document(s), on line 2012 contains the required information pursuant to person dilp: d	ata Coli	ection Form	OMB Control No. 3060-0986/OM8 Control No. 3060-0839
### Action Name Proof USA1 should contact regarding this data Dough Halaspeers ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should name ### Action Name Proof USA1 should n			July 2013
### Action Name Proof USA1 should contact regarding this data Dough Halaspeers ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should contact regarding this data ### Action Name Proof USA1 should name ### Action Name Proof USA1 should n	<010>	Study Area Code	532390
April			
Contact Telephone Number - Number of genomic interfact in data lave - 2010- Contact Telephone Number - Number of genomic desiration data lave - 2010- Contact Telephone Number - Number of genomic desiration data lave - 2010- CONTECT the boass below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(q)) and, for princisely held carriers, ensuring compliance with the financial reporting requirements set furth CONTECT the boass below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(q)) and, for princisely held carriers, ensuring compliance with the financial reporting requirements set furth CONTECT the Section (27 CFR § 54.318)(f)(1)) Prepares Report on 5 Year Flace Milestone Certification (27 CFR § 54.318)(f)(1)) Name of Attached Document Listing Required Information Prepared and the first box to conform that the distanced document(s), on line 3012 containes the required information pursuant to grow of the previous of the previous of community which individuous to which began providing access to broadband service in the preceding calendar year. Community Anchor Institutions (47 CFR § 54.313)(f)(1)(1)) Name of Attached Document Listing Required Information (req.No) Community Anchor Institutions (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2)) Review or company a Privately held KOR Carrier (47 CFR § 54.313)(f)(2	<020>		
CRECK the boase below to note compliance on its the year service quality plan (personant of CR\$ \$4.313([72]) if unther certify that the information reported on this form and in the decomments with the financial reporting requirements set forth CR\$ \$4.313([72]). If unther certify that the information reported on this form and in the decomments attached below is accurate. [0010] Progress Report on 5 Year Has Milestone Certification (PC CR\$ \$4.313([72])) Pleases check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$2.4137([7], [8]), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding related year. [0011] \$4.313([7], [8]), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding rejected year. [0012] Community Anchor institutions (47 CR\$ \$4.313([7])(8)) Name of Attached Document Listing Required Information pursuant to \$4.313([7]) (rev./hol)			
CHECK the boxes below to note compilance on its five year service quality plan (pursuant to 47 CR\$ \$4.202(a)) and, for privately held carriers, ensuring compilance with the financial reporting nequirements set forth CR\$ \$4.313(f(2)). Further certify that the information reported on this form and in the decuments attached below in accounts. [1010] Progress Report on 5 Year Plan [1011] Progress Report on 5 Year Plan [1012] Progress Report on 5 Year Plan [1013] Progress Report on 5 Year Plan [1013] Progress Report on 5 Year Plan [1014] Progress Report on 5 Year Plan [1015] Progress Report on 5 Year Plan [1015] Progress Report on 5 Year Plan [1016] Progress Report on 5 Year Plan [1017] Progress Report on 5 Year Plan [1017] Progress Report on 5 Year Plan [1018] Progress Report on 5 Year Plan [1019] Progress Report Report Report Report Report Report Report Report for Telecommunications [1019] Progress Report R			
CRS \$4.313([F(2], Further certify that the information reported on this form and in the documents strateded below its accurate. Progress Report on 5 Year Plan Milestone Certification (47 CPR § 54.318([I)](I)(I) Name of Attached Document Listing Required Information	<039>	Contact Email Address - Email Address of person identified in data line <030>	down.musqrave@oiutelecom.net
Name of Attached Document Listing Required Information Page	CHECK		
Name of Attached Document Listing Required Information Page			
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$ \$4.313 (f) (18), 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. Section Please check this box to confirm that the attached service in the preceding calendar year.	(3010)		
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$\frac{4}{5}\) \$2 (1) (1) (9), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to breakband service in the proceeding calendary year. (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(8))		Milestone Certification (47 CFR § 54.313(f)(1)(i))	
St. 31.3 (ft) (18), 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. St. 31.3 (ft) (18), the carrier shall provide the preceding calendar year.			Name of Attached Document Listing Required Information
Name of Attached Document Usting Required Information (Yes/No) (Ye	(3011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address	3012 contains the required information pursuant to esses of community anchor institutions to which began
South Source company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes, Nos) (Ye	(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
South Source company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes, Nos) (Ye			Name of Attached Document Listing Required Information
South Section Sectio			(Yes/No)
South Section Sectio	Diones	shock those haves to confirm that the attached decument(s) on line 201	7 contains the required information oursuant to 6.54.313(fV2) compliance requires:
(3017) If the response is yes on line 3014, is your company's RUS annual report and all required documentation Name of Attached Document Usting Required Information (Yes/No) (If the response is yes 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 3025 pursuant to \$ 54.318(R)2, contains (3019) Ether a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) Document(s) for Balance Sheet, income Statement and Statement of Cash Flows (3021) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to \$ 54.318(f)(2), contains (3022) Opp of their financial statement and Statement and Statement of Cash Flows (3023) Underlying information subjected to a 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; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to an efficer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows.			- The control of the
3017 If the response is yes on line 3014, Is your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information (Yes/No) (Yes			
(3018) If the response is yes on line 3014, lattach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information	(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	
Rame of Attached Document Listing Required Information Name of Attached Document Listing Required Information (Yes,/No)			532390or3017.pdf
3018 If the response is no on line 3014, Is your company audited? (Yes,No) (If the response is yes on line 3025, please check the boxes below to confirm your submission, on line 3025 pursuant to \$54,313(f)(2), contains	(3017)		
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains (3019) Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) Document(s) for Balance Sheet, income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant. (3024) Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			Name of Attached Document Listing Required Information
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.318(f(2), contains) Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3020] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows [3021] Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains: [3022] Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, [3023] Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to a nofficer certification. Document(s) for Balance Sheet, income Statement and Statement of Cash Flows [3026] Attach the worksheet listing required information	(3018)	If the response is no on line 3/14 is your company audited?	(Yes/No) (C)(C)
confirm your submission, on line 3026 pursuant to \$ \$4.313(f)(2), contains [3019] Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3021] Management letter issued by the independent certified public accountant that performed the company's financial audit. [If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to \$ \$4.313(f)(2), contains: [3022] Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, [3023] Underlying Information subjected to a review by an independent certified public accountant. [3024] Underlying Information subjected to an officer certification. [3025] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3010)		
(3020) Document(s) for Balance Sheet, income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant: that performed the company's financial audit. If the response is no on line 3018, please check the bowes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to IXD Spenting Report for Telecommunications Borrowers, (3023) Underlying Information subjected to a review by an independent certified public accountant. (3024) Underlying Information subjected to an officer certification. (3025) Document(s) for Balance Sheet, income Statement and Statement of Cash Flows.		confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3023) 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 bowes below to confirm your submission, on line 3026 pursuant to § 54.3310(12), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to BUS Operating Report for Telecommunications Borrowers, (3023) Underlying Information subjected to a review by an independent certified public accountant (3024) Underlying Information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required Information	(3019)	Either a copy of their audited financial statement; or (2) a financial report in a f	format comparable to RUS Operating Report for Telecommunications
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to confirm your submission, on line 3026 pursuant to § \$4,33(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RIVS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant: Underlying information subjected to an officer certification. Underlying information subjected to an officer certification. Underlying information subjected to an officer certification. (3024) Obcument(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	(3021)	Management letter issued by the independent certified public accountant that	t performed the company's financial audit.
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(3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	(3023)	Underlying information subjected to a review by an independent certified	
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information			
	4000		ash Flows
	25007		
Name of Attached Document Listing Required Information	(3026)	Attach the worksheet listing required information	
		l	Name of Attached Document Listing Required Information

	ion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.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: OREGON-IDAHO UTIL. Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2014 Printed name of Authorized Officer: Doug Musgrave Title or position of Authorized Officer: Manager Telephone number of Authorized Officer: 532390 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.

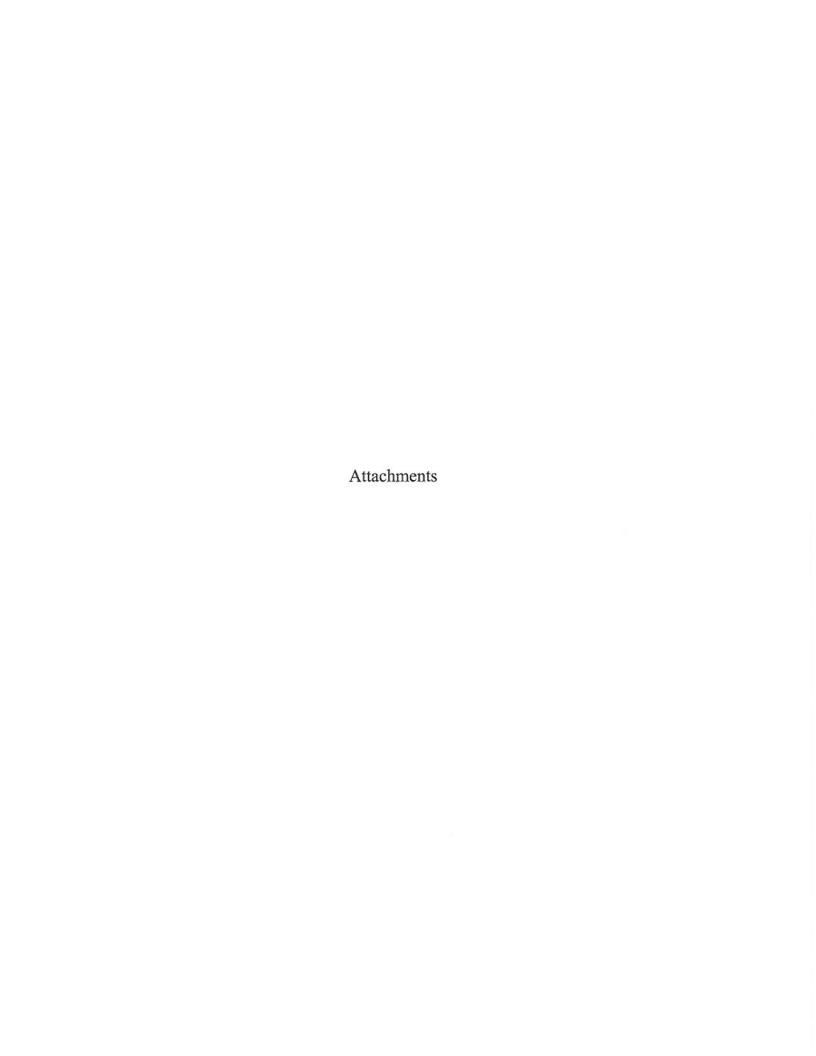
	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.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 carrier.	
so 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 ent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

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		
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent 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 Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



(700) Price Offerings including	Voice Rate Data		FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	

<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.net

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

1/1/2014

-7039

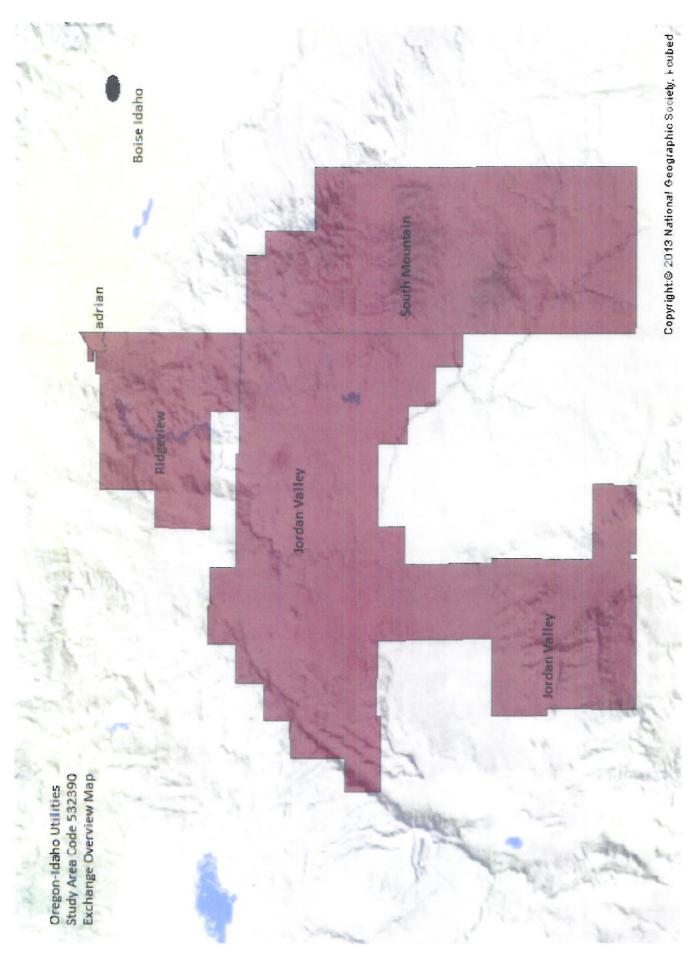
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Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
		FR	11.65	0.0	0.99	0.0	12.64
		FR	13.65	0.0	1.16	0.0	14.81
Jordan Valley/RIB		FR	18.65	0.0	1.59	0.0	20.24
Adrian		FR	18.65	0.0	1.59	0.0	20.24
Ridgeview		FR	18.65	0.0	1.7	1.4	21.75
South Mountain		FR	15.77	0.0	0.16	0.0	15.93
		W					
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							1
	Exchange (NEC) Jordan Valley/R1 Jordan Valley/R1A Jordan Valley/R1B Adrian	Exchange (HEC) Jordan Valley/R1 Jordan Valley/R1A Jördan Valley/R1B Adrian Ridgeview	Exchange (HEC)	Exchange (ILEC) SAC (CETC) Rate Type Service Rate	Exchange (ILEC) SAC (CETC) Rate Type Service Rate State Subscriber Line Charge	Exchange (ILEC) SAC (CETC) Rate Type Residential Local Service Rate State Subscriber Line Charge State Universal Service Fee Jordan Valley/R1A FR 11.65 0.0 0.99 Jordan Valley/R1B FR 13.65 0.0 1.16 Jordan Valley/R1B FR 18.65 0.0 1.59 Adrian FR 18.65 0.0 1.59 Ridgeview FR 18.65 0.0 1.7 South Mountain FR 15.77 0.0 0.16 Image: Company of the company	Exchange (ILEC) SAC (CETC) Rate Type Residential Local Service Rate State Subscriber Line Charge State Universal Service Fee Mandatory Extended Area Service Charge Jordan Valley/RIA FR 11.65 0.0 0.99 0.0 Jordan Valley/RIA FR 13.65 0.0 1.16 0.0 Jordan Valley/RIA FR 18.65 0.0 1.59 0.0 Adrian FR 18.65 0.0 1.59 0.0 Ridgeview FR 18.65 0.0 1.7 1.4 South Mountain FR 15.77 0.0 0.16 0.0 Image: Company of the compan

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

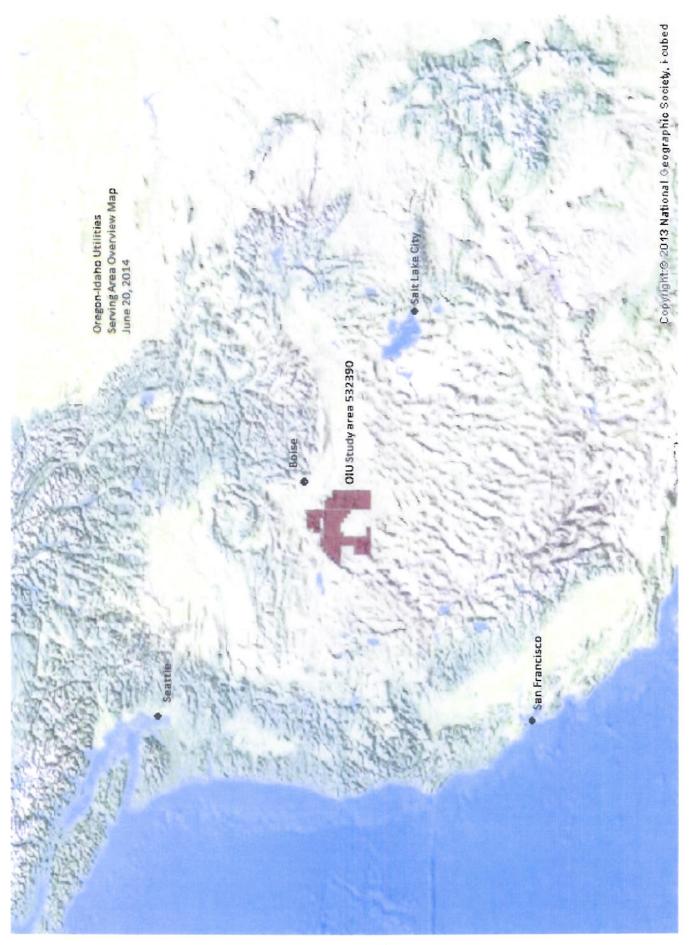
<010>	Study Area Code	532390
<015>	Study Area Name	OREGON-IDAHO UTIL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave@oiutelecom.net

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
OR	All	57.11	0.0	57.11	1.5	0.512	0.0	Other, None
OR	A11	72.11	0.0	72.11	4.0	1.0	0.0	Other, None
OR	A11	92.11	0.0	92.11	6.0	1.0	0.0	Other, None
ID	All	57.11	0.0	57.11	1.5	0.512	0.0	Other, None
ID	A11	72.11	0.0	72,11	4.0	1.0	0.0	Other, None
ID	All	92.11	0.0	92.11	6.0	1.0	0.0	Other, None
7.5								
-								
	-	+	 					
	-	+	-		-			
		-	-					

	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532390		
<015>	Study Area Name	OREGON-IDAHO	UTIL.	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Doug Musgrave		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2084617802 ex		
<039>	Contact Email Address - Email Address of person identified in data line <030>	doug.musgrave	Soiutelecom.net	
<810>	Reporting Carrier Oregon-Idaho Utilities, Inc.			
<811>	Holding Company Robinson Communications Corp.			
<812>	Operating Company NA			
<813>	<a1></a1>	The state of the s	<a2></a2>	<a3></a3>
	Affiliates	1	SAC	Doing Business As Company or Brand Designation
19	Humboldt Telephone Company		553304	
		363.036300		
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8	0.55			
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9				
5				



112- Page 10



112-Page 11

Line 510 Service Quality Standards & Consumer Protection Rules Compliance

Oregon-Idaho Utilities, Inc. complies with the service quality standards in the State of Oregon as defined under OAR 860-034-0390 Retail Telecommunications Standards for Small Telecommunications Utilities. Oregon-Idaho Utilities, Inc. complies with the service quality standards in the State of Idaho as defined under IDAPA 31.41.01 The Telephone Customer Relations Rules. Supervisory personnel periodically monitor activities and information about customer service orders and trouble reports in these states to insure service quality standards are being followed. Frequent interaction between supervisors and field and customer service staff helps to insure that each employee understands their role in following these standards.

Oregon-Idaho Utilities, Inc. complies with all applicable requirements on consumer protection rules including OAR 860-034-0390 Retail Telecommunications Standards for Small Telecommunications Utilities in the State of Oregon, IDAPA 31.41.01 The Telephone Customer Relations Rules in the State of Idaho, 47 CFR Part 64 Subpart U, Customer Proprietary Network Information, and the Federal Trade Commission Red Flag Rules. Employee training is held yearly on the requirements of each of the above as well as general training on disclosure of customer information to unauthorized parties. Supervisory personnel periodically monitor the activities of field and customer service personnel for compliance.

Line 610 Functionality in Emergency Situations Description

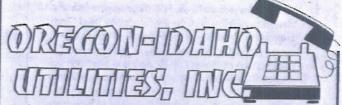
Oregon-Idaho Utilities, Inc. has engineered our communications network to remain functional in emergency situations as required by applicable state and federal regulations. Main Central office sites have emergency power generators that run automatically in the event of a commercial power loss. In addition, these sites have battery backup which will allow them to remain functional in the event of a loss of generator power. Second tier remote switch sites and remote concentrator sites have battery backup to continue operation in the event of a commercial power loss and the company has an inventory of portable generators which can be manually deployed to remain operational during extended commercial power loss events. Our class 5 switch and second tier remote sites have emergency stand alone capabilities to continue operation during an isolation event. All main switch, second tier remote switch, and remote concentrator sites have redundant transport paths allowing them to re-route traffic in the event of an emergency.

All switching, concentrator and transport equipment have redundant critical systems to continue operation during an internal card failure. We maintain a Rural Utilities Service recommended standard set of spare cards and parts in house for all mission critical systems. Routine maintenance is conducted on all mission critical systems. OIU also has an automated alarm monitor system in place that alerts company personnel of system malfunctions 24 hours a day, 7 days per week, 365 days per year. Our network was engineered to exceed generally accepted traffic handling standards within the industry to assure continued operation during traffic spikes and during busy hour and busy day events.

Line (1210) - Terms & Conditions of Voice Telephony Lifeline Plans

Oregon-Idaho Utilities does not have any service offerings specific to low income subscribers. Discounts to local service rates are available to qualified low income subscribers through the lifeline assistance program. Oregon-Idaho Utilities offers flat rate local service that includes unlimited calling within the defined local calling area, with access to 911 service, operator services, directory assistance, and Interexchange carriers. Oregon-Idaho Utilities does not offer toll service to our subscribers.

The below media ad was printed on a quarterly basis in The Argus Observer and The Owyhee Avalanche during 2013 informing the public, including those eligible for Lifeline, the availability of Oregon-Idaho Utilities telephone service.



Wishes to inform the public of the availability of its telephone services which are offered in rural portions of Harney County, Malheur County, Oregon and Owyhee County, Idaho.

Oregon-Idaho's local service area includes the Oregon exchanges of Jordan Valley (prefix 541/586), Adrian (541/724) and Ridgeview (541/339) and the South Mountain (208/583) exchange in Idaho. Monthly service rates within these areas vary, depending on service location, and range from:

\$11.65 to \$20.05 plus \$6.50 federal end user charge for residential service, and

\$23.35 to \$34.85 plus \$6.50 federal end user charge for single line business service.

These rates include unlimited calling within the defined local areas, access to 911 services, access to operator services and directory assistance, and interexchange currier access.

Low income individuals eligible for the Lifeline and Link-up assistance programs may be eligible for discounts from these basic service rates through the Oregon and Idaho telephone assistance programs and may also receive toll call blocking service without charge.

For information on our services or to place an order for service, contact the Oregon-Idaho Utilities, Inc., business office at:

(800) 624-0082