

DOCKET NO. UM 1726

**Cover Sheet for Submission of
2015 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: ComSpan Communications, Inc.

Filing date: 6/30/2015

Is this: Original submission? X

OR

Revised submission? _____

Person to contact for questions:

Name Mary B. Roberts

Phone number 541-229-4499

E-mail address maryr@comspancomm.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))

Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)¹

Form 690 (Mobility Fund per 47 CFR § 54.1009)

Affidavit for High-Cost Support

Filing deadlines: The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2015. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

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

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, Henry Roberts [name of company officer], being of lawful age and duly sworn, on my oath, state that I am the CEO [title] of ComSpan Communications, 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 true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, ComSpan Communications, Inc. [Company name] hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to ComSpan Communications, Inc. [Company name] in Oregon was used in the preceding calendar year (2014) and will be used in the coming calendar year (2016) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 24 day of June 2015.

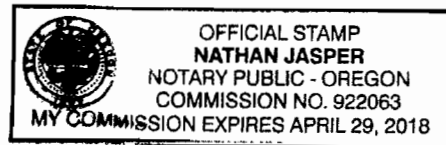
By: [Signature] (Officer's Name)

Its: CEO (Officer's Title)

SUBSCRIBED AND SWORN to before me this 24 day of June, 2015.

[Signature]
Notary public in and for the State of Oregon

My Commission Expires: April 29, 2018



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

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

<010> Study Area Code	539005
<015> Study Area Name	COMSPANUSA.
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Mary Roberts
<035> Contact Telephone Number: Number of the person identified in data line <030>	5412294499 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	maryr@comspancomm.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>		
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>		
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>		
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>		
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>		
<400> Number of Complaints per 1,000 customers (voice)				
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>		
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">539005or510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">539005or610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>		
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>		
<1000> Voice Services Rate Comparability Certification	<input type="text" value="Not Applicable"/>	<input checked="" type="checkbox"/>		
<1010> <div style="border: 1px solid black; padding: 2px;">539005or1010.pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>		
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>		
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>		
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

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

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	539005
<015> Study Area Name	COMSPANUSA.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Mary Roberts
<035> Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>	
<111> year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input type="radio"/>	

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

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

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets		
<114> Report how much universal service (USF) support was received		
<115> How much (USF) was used to improve service quality and how support was used to improve service quality		
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage		
<117> How much (USF) was used to improve service capacity and how support 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
July 2013

<010>	Study Area Code	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mary Roberts
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

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

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

Select Yes or No or Not Applicable

**(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	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mary Roberts
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mary Roberts
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP www.puc.state.or.us/pages/rspf/otap.aspx

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

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

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

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

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

July 2013

<010>	Study Area Code	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mary ROBERTS
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

Select the appropriate responses below (Yes, No, Not Applicable) 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)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

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

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

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

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

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

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

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

<010> Study Area Code	539005
<015> Study Area Name	COMSPANUSA.
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<039> Contact Email Address - Email Address of person identified in data line <030>	marvr@comspancomm.com

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

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

Name of Attached Document Listing Required Information

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

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

Name of Attached Document Listing Required Information

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

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

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

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

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

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

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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

<010> Study Area Code	539005
<015> Study Area Name	COMSPANUSA.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Mary Roberts
<035> Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

Financial Data Summary

(3027) Revenue	<input type="text"/>
(3028) Operating Expenses	<input type="text"/>
(3029) Net Income	<input type="text"/>
(3030) Telephone Plant In Service(TPIS)	<input type="text"/>
(3031) Total Assets	<input type="text"/>
(3032) Total Debt	<input type="text"/>
(3033) Total Equity	<input type="text"/>
(3034) Dividends	<input type="text"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	539005
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<039> Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

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:	COMSPANUSA.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2015
Printed name of Authorized Officer:	Mark Scully
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	5412292121 ext.
Study Area Code of Reporting Carrier:	539005 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	539005
<015>	Study Area Name	COMSPANUSA.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mary Roberts
<035>	Contact Telephone Number - Number of person identified in data line <030>	5412294499 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maryr@comspancomm.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<p style="font-size: 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.</p>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<p style="font-size: 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.</p>	

Attachments



Providing Business
and Residential
Telecommunication
Services to Communities
throughout Oregon

June 12, 2015

FCC
Re: Form 481/Line Item 1010

This letter is to certify that the pricing of ComSpan's voice services is no more than two standard deviations above the applicable national average urban rate for voice service. This has been set at \$47.48 as specified in the most recent public notice issued by the Wireline Competition Bureau and the Wireless Telecommunications Bureau.

Regards,

Mary Roberts
ComSpan Communications Inc.
Director Of Business Operations
541-229-4499
maryr@comspancomm.com

278 Garden Valley Blvd
Roseburg, OR 97470
Phone 541-229-0229
E-mail info@mycomspan.com
www.mycomspan.com

Annual 47 C.F.R. § 64.2009(e) CPNI Certification EB Docket 06-36

CPNI Certification for 2015 covering the prior calendar year 2014

1. Date filed: July 1, 2015
2. Name of company(s) covered by this certification: Comspan Communications, Inc.
3. Form 499 Filer ID: 822642
4. Name of signatory: Willard Burge
5. Title of signatory: CCO
6. Certification:

I, Willard Burge, certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R. § 64.2001 *et seq.*

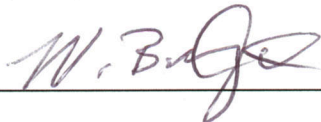
Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, recordkeeping, and supervisory review) set forth in section 64.2001 *et seq.* of the Commission's rules.

The company has not taken actions (*i.e.*, proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year. [NOTE: If you reply in the affirmative, please provide an explanation of any actions taken against data brokers.]

The company has not received customer complaints in the past year concerning the unauthorized release of CPNI.

The company represents and warrants that the above certification is consistent with 47 C.F.R. § 1.17 which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Signed _____



Attachments: Accompanying Statement explaining CPNI procedures
Explanation of actions taken against data brokers (if applicable)
Summary of customer complaints (if applicable)

INDEX

- 1.1 Purpose of Document
- 2.1 Comspan Communications compliance policy and process
- 3.1 FCC Ruling

1.1 Purpose of Document
The purpose of the ComSpan CPNI Document is for the implementation and compliance to the Federal Government ruling of CPNI.

2.1 ComSpan Communications will require all employees to comply with the CPNI rulings.

ComSpan CSR's will validate all callers *before* offering any information or service assistance. There will be no exceptions to the rule. All customers will be validated as an authorized contact. The authorized contact may add an additional contact with verifiable information (IE: a SS# or password) at any time.

Customers Authentication can be any of the following:

If the call is customer initiated, password protection can be provided.

Customer may provide last four digits of SS # or Federal Tax ID#.

Customers entering the office, must provide a valid photo ID.

Carrier can mail call detail records to the customer's address of record.

If the customer selects to establish a password, the carrier must authenticate the customer without the use of readily available biographical information (e.g., customers social Security number, last 4 digits of SSN, mother's maiden name, home address, date of birth) or account information (e.g., telephone number associated with the account, account number, billed amount)

The password cannot be readily available biographical information.

If the password s changed, ComSpan Communications will mail a follow up notification to the customers billing address of record. (The communication will not include the new password)

ComSpan CSR's will begin immediately collecting data from all new and existing customers. A for customer verification and enter the information into the ComSpan billing system

3.1 FCC Ruling:

FCC RULES ON CUSTOMER RETENTION & WINBACKS:
CITES & EXCERPTS

Customer Proprietary Network Information (CPNI):

Order on Reconsideration and Petitions for Forbearance, FCC 99-223, CC Docket No. 96-149; Adopted August 16, 1999; Released September 3, 1999 (CPNI)

Second Report and Order and Further Notice of Proposed Rulemaking, 13 FCC Rcd. 8061, FCC 98-27, CC Docket No. 96-115, Adopted Feb. 19, 1998; Released Feb. 26, 1998 (CPNI I)

Slamming:

Corrected Version, First Order on Reconsideration, FCC 00-135, CC Docket No. 94-129; Adopted April 13, 2000; Released, May 3, 2000

Second Report and Order and Further Notice of Proposed Rulemaking, FCC 98-334, CC Docket No. 94-129; Adopted December 17, 1998; Released, December 23, 1998 (Slamming)

CUSTOMER RETENTION & VERIFICATION

Definition

Customer retention deals with the "soon-to-be-former" customer. CPNI, ¶74. "Retention marketing . . . refers to a carrier's attempts to persuade a customer to remain with that carrier before the customer's service is switched to another provider." CPNI, ¶64.

Use of CPNI Not Allowed for Retention

Carriers cannot use CPNI¹ to attempt to retain a customer "during the time subsequent to the customer's placement of an order to change carriers and prior to the change actually taking place." CPNI, ¶69.

¹CPNI includes, among other things, to whom, where and when a customer places a call, as well as the types of service offerings to which the customer subscribes and the extent the service is used. CPNI means the information that relates to the quantity, technical configuration, type, destination, location, and amount of use of a telecommunications service subscribed to by any customer of a telecommunications carrier, and that is made available to the carrier by the customer solely by virtue of the carrier-customer relationship. CPNI also includes information contained in the bills pertaining to telephone exchange service or telephone toll service received by a customer of a carrier.

A carrier cannot “use CPNI to retain soon-to-be-former customers where the carrier gained notice of a customer’s imminent cancellation of service through the provision of carrier-to-carrier service.” CPNI, ¶76.

“[C]ompetition is harmed if *any* carrier uses carrier-to-carrier information, *such as switch or PIC orders*, to trigger retention marketing campaigns.” CPNI, ¶76 (emphasis added).

Carrier change information is proprietary. CPNI, ¶77. The carrier executing a change is “prohibited from using such information to attempt to change the subscriber’s decision to switch to another carrier.” *Id.* (citing Slamming, ¶106). “Thus, where a carrier exploits advance notice of a customer change by virtue of its status as the underlying network-facilities or service provider to market to that customer, it does so in violation of” the law. CPNI, ¶77.

Verification Not Allowed: “Interference with the Execution Process”

“[P]ermitting executing carriers to verify independently carrier changes that have already been verified by submitting carriers could have anticompetitive effects. . . . [E]xecuting carriers would have both the incentive and the ability to delay or deny carrier changes, using verification *as an excuse*, in order to benefit themselves or their affiliates. . . . Therefore, . . . the executing carrier may *only* use such information to provide service to the submitting carrier, i.e., changing the subscriber’s carrier, and *may not attempt to verify* that subscriber’s decision to change carriers.” Slamming, ¶99 (emphasis added); *see also* CPNI, ¶83.

“An executing carrier shall not verify the submission of a change in a subscriber’s selection of a provider of telecommunications service received from a submitting carrier. For an executing carrier, compliance with the procedures prescribed in this part shall be defined as prompt execution, without any unreasonable delay, of changes that have been verified by a submitting carrier.” Slamming, 64.1120(a)(2).

“[W]e require carriers to provide parity in executing carrier changes for competitors and promptness in executing carrier changes generally.” Slamming, ¶103.

“[W]e expect carriers to fulfill subscriber requests as quickly as possible, using the most technologically efficient means available to implement changes to subscribers’ telecommunications services. Noncompliance with this standard could be considered unreasonable delay.” Slamming, ¶105.

“A party that believes that a carrier is delaying execution of carrier changes . . . should file a complaint in the appropriate forum.” Slamming, ¶103.

“[A] carrier’s failure to disclose CPNI to a competing carrier that seeks to initiate service to a customer who wishes to subscribe to a competing carrier’s service may well constitute an unreasonable practice in violation of section 201(b), depending on the circumstances.” CPNI, ¶89.

WINBACK/REGAINING OF CUSTOMER

Definition

“Regaining a customer applies to marketing situations where a customer has *already switched to and is receiving service* from another provider.” CPNI, ¶64 (emphasis added).

When Allowed

Carriers are “able to use CPNI to engage in winback marketing campaigns to target valued former customers that have switched to other carriers.” CPNI, ¶65.

“Customers expect carriers to attempt to win back their business by offering better-tailored service packages, and that such precise tailoring is most effectively achieved through the use of CPNI.” CPNI, ¶68.

When Limited

Carriers may use CPNI of former customers “*to market the same category of service* from which CPNI was obtained to that former customer.” CPNI, ¶65 (emphasis added). “Customers expect that CPNI generated from their entire service will be used by their carrier to market improved service within the parameters of the customer-carrier relationship. . . . Under the total services approach, the customer’s implied approval is limited to the parameters of the customer’s” *same category of service*. CPNI I, ¶24, as modified by CPNI ¶67.

“An important limitation . . . is that the carrier may use CPNI of the former customer to offer that customer *the service or services to which the customer previously subscribed*. It would be inconsistent with the *total services approach* for a carrier to use such CPNI to offer new services outside the former customer-carrier relationship.” CPNI, ¶72 (emphasis added).

“Under the total service approach, for example, a carrier whose customer subscribes to service that includes a combination of local and CMRS would be able to use CPNI derived from this entire service *to market to that customer all related offerings, but not to market long distance service to that customer*, because the customer’s service excludes any long distance component. Thus, under the total service approach, the carrier’s permitted use of CPNI reflects the level of service subscribed to by the customer from the carrier.” CPNI I, ¶30 (emphasis added)



Providing Business
and Residential
Telecommunication
Services to Communities
throughout Oregon

Functionality in Emergency Situations

47 C.F.R. § 54.202(a)(2)

Comspan Communications certifies their ability to function in emergency situations as set forth in section 54.202(a)(2).

Regarding emergency power backup: Comspan Communications maintains battery back-up and diesel or propane generators at each POP and switching facility. Each generator will auto start should power fail.

Regarding rerouting traffic during emergencies: Network redundancy/survivability is designed into the network where feasible to do so. For example, SONET based interoffice facility routes may be designed in a ring configuration to insure that if the fiber ring is cut, the traffic being carried on the ring is automatically rerouted bi-directionally to its intended destination. If failure occurs along a ring, traffic will be rerouted to reach its intended destination. It is important to note that not every route is survivable.