# **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 <u>maryr@comspancomm.com</u>	
Documents included in this filing (please check app	plicable items):
CAF/ICC Support (47 CFR § 54.304	4)
Rate Floor Data (47 CFR § 54.313(h	n))
X_ Form 481 (High-cost per 47 CFR §	§ 54.313, Low-income per 54.422) <sup>1</sup>
Form 690 (Mobility Fund per 47 CF	R § 54.1009)
Affidavit for High-Cost Support	
Filing deadlines: The deadlines for filing items red deadlines for filing with the FCC. The notarized affater than the due date for the FCC Form 481. Base items other than CAF/ICC support data are due by due the same day as the ETC's interstate access tariff revisions to an original submission are filed with must be filed with the Oregon Commission no later to the FCC or USAC.	quired by 47 CFR § 54 are the same as the fidavit for high-cost support must be filed noted on current information, it appears that all July 1, 2015. The CAF/ICC support data are aff filing.  the FCC or USAC, a copy of the revisions

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 For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060 July 2013	-0986/OMB Control No. 3060-0819
<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	
ANNUA	L REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	<u> </u>
<200>	Outage Reporting (voice)		(complete attached worksheet)	V V
<210>	< check box if no	o outages to report		·
<300>	Unfulfilled Service Requests (voice) 0			
<310>	Detail on Attempts (voice)			
			(attach descriptive d	ocument)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		(attach descriptive	document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			
<420>	Mobile 0.0			
<430> <440>	Number of Complaints per 1,000 customers (broad)	band)		
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection R 539005or510.pdf	ules Compliance	(check to indicate certification)	V
<510>			(attached descriptive document)	v v
<b>4600</b> 5	Functionality in Emparancy Cityations			
<000>	Functionality in Emergency Situations 539005or610.pdf		(check to indicate certification)	
·C10:			(attached descriptive document)	V
<610>				
	Company Price Offerings (voice)		(complete attached worksheet)	<u> </u>
	Company Price Offerings (broadband)		(complete attached worksheet)	
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	,	(complete attached worksheet)  if yes, complete attached worksheet)	V
	Voice Services Rate Comparability Certification	Г	Not Applicable	<u> </u>
	539005or1010.pdf			
<1010>			(attach descriptive document)	·
<1100>	Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicate certification)	<u> </u>
<1110>			(complete attached worksheet)	
<1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet)	<i>✓</i>
	Price Cap Carriers, Proceed to Price Cap Additional			
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchang	ge Carriers (check to indicate certification)	
<2005>			(complete attached worksheet)	
	Rate of Return Carriers, Proceed to ROR Additional	<b>Documentation Wor</b>	ksheet	
<3000>			(check to indicate certification)	18881

(check to indicate certification)

(complete attached worksheet)

<3005>

	ervice Quality Improvement Reporting Illection 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	
<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	(yes / no ) O	
<111>	year plan" filed with the FCC?	(ves / no ) O O	
<112>	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.  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 CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<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 impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	rove 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	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

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(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	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

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
-									
<u> </u>									
					Coo of	tached worksheet			
					See at	<del>lached worksneet</del>			
					<del></del>				
-									
-									
-									
-									
Ь_									1

(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	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

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<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 }
								_	

(800) Operating Companies		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	
<810>	Reporting Carrier ConSpan Communications, Inc		

<811> Holding Company

<812> Operating Company

Comspan Communications

ConSpan Communications, Inc

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
_			
_			
-			
-			
-			
-			
-			
-			
-			

	oal Lands Reporting ection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-08  July 2013	319
<010> <015> <020> <030> <035>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	539005  COMSPANUSA.  2016  Mary Roberts 5412294499 ext.	
<039> <910>	Contact Email Address - Email Address of person identified in data line <0302  Tribal Land(s) on which ETC Serves	maryr@comspancomm.com	
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	B(a)(9) includes:	Select /es or No or Not Applicable	
<921> <922> <923> <924> <925> <926> <927> <928> <929>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules  Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes  Compliance with Tribal Business and Licensing requirements.		

(1100) No Terrestrial Backhaul Reporting FCC Form 481				
Data Co	llection Form		OMB Control No. July 2013	3060-0986/OMB Control No. 3060-0819
<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).	a 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 upstream within the supported area pursuant to § 54.313(g).	No No		

Lifeline	erms and Condition for Lifeline Customers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	539005	
<015>	Study Area Name		
<020>	Program Year	COMSPANUSA.	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Mary Roberts 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 w	ww.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) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection 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	=2000=	
<015>	Study Area Name	539005	
<020>	Program Year	COMSPANUSA.	
<030>	Contact Name - Person USAC should contact regarding this data	2016 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	
		mar/recombinationm	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforn	•	frozen High Cost support, High Cost support to offset access charge reductions, and
Connect		ation reported on this form and in the documents attached	below is accurate.
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2010>			<del></del>
<2011d>	s of tear certification (47 CFR § 54.515(D)(1)))		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Designant(s) Lie	Aire Described information
		Name of Attached Document(s) Lis	ting kequired 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>			
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification		<u></u>
<2018	ora year broadband oct vice ectinication		
<2019	Still year broadballa Service Certification		
<2020>	•	2021 contains the required information	
-2020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sl	iall provide the number, names, and	
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
.202	Later to Decrease Comments of the Later William		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Docum	nent(s) Listing Required Information

(3000) Ra	3000) Rate Of Return Carrier Additional Documentation FCC Form 481			
Data Coll	ection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819
			July 2013	
-				
<010> <015>	Study Area Code	539005		
<020>	Study Area Name Program Year	COMSPANUSA. 2016		
<030>	Contact Name - Person USAC should contact regarding this data	Mary Roberts		
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5412294499 ext.		
<0392	Contact Email Address - Email Address of person identified in data line Costs	maryr@comspancomm.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu			nancial reporting requirements set forth in 47
	CFR § 54.313(1)(2). I further certify that	the information reported on this form and in the documents attached	ed below is accurate.	٦
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			
		Name of Attached Document Listing Required Informa	tion	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.			
	proceeding calcitual year.		1	1
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
		Name of Attached Document Listing Required Information		
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	$\longleftrightarrow$	
	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	compliance require	es:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	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		4
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\Sigma$	
	If the response is yes on line 3018, please check the boxes below to	~	- <del></del>	
	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	s []	
(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	2 2 2 Control of the company of mandal dualt		
	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			
(3024)	public accountant Underlying information subjected to an officer certification.		<b>}</b>	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<u>—</u>	
(3026)	Attach the worksheet listing required information		1	
(3020)	reconstruction and mornation		1	
		Name of Attached Document Listing Required Information	<u> </u>	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	CC Form 481
Data Collection Form Of	MB Control No. 3060-0986/OMB Control No. 3060-0819
Ju	uly 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 Retailment			
Financial Data Summary			
(3027) Revenue			
(3028) Operating Expenses			
(3029) Net Income			
(3030) Telephone Plant In Service(TPIS)			
(3031) Total Assets			
(3032) Total Debt			
(3033) Total Equity			
(3034) Dividends			
(222.3) = 1.1.22			

Certification - Reporting Carrier	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

#### 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.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 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		

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

l certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier.  also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
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:				
	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er 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 F	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:					
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:				
	re under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title I States Code, 18 U.S.C. § 1001.				



(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	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
<701>	Residential Local Service Charge Effective Date 1/1/2015	

<703>

<702> Single State-wide Residential Local Service Charge

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge		Service Charge	Total per line Rates and Fees
OR			FR	26.0	6.5	0.085	3.5	36.09



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



**Providing Business** and Residential Telecommunication Services to Communities throughout Oregon

# 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.

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 CPNI<sup>1</sup> 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.

<sup>&</sup>lt;sup>1</sup>CPNI 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.