

DOCKET NO. UM 1768

**Cover Sheet for Submission of
2016 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake River PCS

Filing date: 6/30/2016

Is this: Original submission? X
OR
Revised submission?

Person to contact for questions:

Name: Brandi Sangster

Phone number: 541-893-6115

E-mail address: eagle@eagletelephone.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)) – if separate from Form 481
- X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)¹
- X 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 July 1, 2016. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

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.

Mike Lattin

From: Form481@usac.org
Sent: Tuesday, June 28, 2016 10:22 AM
To: mike@eagletelephone.com
Subject: [Spam] Form 481 Certification Confirmation



Form 481 Certification Confirmation

Congratulations. Your filing has been successfully certified.

Filing Number: 1

Certification Date and Time: Tue Jun 28 13:22:05 EDT 2016

Filing Created By: mike@eagletelephone.com

SAC: 539007

498 ID: 143034497

Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2017

This is a system generated email.
Please do not respond to this message.

© 1997-2015, Universal Service Administrative Company, All Rights Reserved.
USAC | 2000 L Street NW | Suite 200 | Washington, DC 20036



CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Tue Jun 16 01:15:42 PM EDT by mike@eagletelephone.com .

SAC : 539007

498 ID : 143034497

Carrier Name : EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year : 2017

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

[Return to 481 Search](#) | [Print Confirmation Page](#)

**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 | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Brandi Sangster |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | eagle@eagletelephone.com |
| Form Type | | 54.313 and 54.422 |

| | |
|---|--|
| (100) Service Quality Improvement Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<110> Has your company received its ETC certification from the FCC? (yes / no)

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

If your answer to Line <111> is yes, please 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.

539007SRPCS481narrative2016.docx

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.

| |
|----------------|
| Not Applicable |
| Yes |
| Not Applicable |
| Not Applicable |
| Not Applicable |
| Not Applicable |

| | |
|--|--|
| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|--------------------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<210> For the prior calendar year, were there any reportable voice service outages? No

| <a> | <b1> | <b2> | <b3> | <b4> | <c1> | <c2> | <d> | <e> | <f> | <g> | <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 | Preventative Procedures |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

(300) Unfulfilled Service Request Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice) _____
Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband) _____
Name of Attached Document

(400) Number of Complaints per 1,000 customers
Data Collection Form

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

<010> Study Area Code 539007

<015> Study Area Name EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCB

<020> Program Year 2017

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

<035> Contact Telephone Number - Number of person identified in data line
<030> 5418936215 ext.

<039> Contact Email Address - Email Address of person identified in data line
<030> esgle@eagletelephona.com

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only mobile voice

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice 0.0

<430> Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<440> Complaints per 1000 customers for fixed broadband

<450> Complaints per 1000 customers for mobile broadband

[500] Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

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

| | | |
|-------------------------|--|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SHAKE RIVER PCO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | esagle@eagletelephono.com |
| <500> | certify compliance with applicable service quality standards and consumer protection rules | Yes |
| 539007line5102016 . pdf | | |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance | |

**(600) Functionality in Emergency Situations
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DRA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sengster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418946115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | esglee@eagletelephons.com |
| <600> Certify compliance regarding ability to function in emergency situations | Yes |
| <610> Descriptive document for Functionality in Emergency Situations | 539007line6102016.pdf |

(700) Price Offerings including Voice Rate Data
Data Collection Form

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

<010> Study Area Code 539007
<015> Study Area Name EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020> Program Year 2017
<030> Contact Name - Person USAC should contact regarding this data Brandi Sangster
<035> Contact Telephone Number - Number of person identified in data line <030> 5418936115 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com
<701> Residential Local Service Charge Effective Date 1/1/2016
<702> Single State-wide Residential Local Service Charge 23.34

<703>

| 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 Fees |
|-------|-----------------|------------|-----------|--------------------------------|------------------------------|-----------------------------|--|-------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(710) Broadband Price Offerings Data Collection Form

FCC Form 481
OMB Control No. 3060-0086/OMB Control No. 3060-0819
July 2015

<010> Study Area Code 539007
 <015> Study Area Name EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
 <020> Program Year 2017
 <030> Contact Name - Person USAC should contact regarding this data Brandi Sangster
 <035> Contact Telephone Number - Number of person identified in data line <030> 3418936115 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com

| <711> | <b1> | <b2> | <b3> | <b4> | <b5> | <b6> | <b7> | <b8> |
|-------|-----------------|------------------|----------------------|---------------------|---|---|----------------------|--|
| 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) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(900) Tribal Lands Reporting Data Collection Form FCC Form 481
OMB Control No. 3060-0988 / OMB Control No. 3060-0619
July 2013

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<900> Does the filing entity offer tribal land services? (Y/N) No

<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 |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | |
|---|--|
| (1000) Voice and Broadband Service Rate Comparability Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|--------------------|---|---|
| <010> | Study Area Code | 529007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

| | |
|---|--|
| (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 | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephones.com |

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

lifeline basic service ad poster modified.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP www.eagletelephone.com

"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. 3060-0996/OMB Control No. 3060-0819 |
| <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | July 2013 |

| | |
|--|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support | <input style="width: 100%;" type="text"/> | |
|--|---|--|
- | | | |
|---|---|--|
| <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support | <input style="width: 100%;" type="text"/> | |
|---|---|--|
- | | | |
|---|---|--|
| <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | <input style="width: 100%;" type="text"/> | |
|---|---|--|
- | | | |
|---|---|--|
| <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only. | <input style="width: 100%;" type="text"/> | |
|---|---|--|
- | | | |
|--|---|--|
| <2024A> Round 2 Recipient of Incremental Support? | <input style="width: 100%;" type="text"/> | |
|--|---|--|
- | | | |
|---|---|--|
| <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. | | |
| <2025A> Round 1 or Round 2 Recipient of Incremental Support? | <input style="width: 100%;" type="text"/> | |
- | | | |
|--|--|--|
| <2025B> Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13- | | |
| <2015> 2016 and future Frozen Support Certification 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)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2015. Name of Attached Document Listing Required Information

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii) Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

<010> Study Area Code 539007

<015> Study Area Name EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

<020> Program Year 2017

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

<035> Contact Telephone Number - Number of person identified in data line <030> 5418936115 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com

Complete the items below to note compliance with 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.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification (47 CFR § 54.313(f)(1)(i))

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

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

(3012B) Please Provide Attachment 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) Yes No

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

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

(3016) Document(s) with 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) 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 Borrowers

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

(3021) Management letter and/or 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

| | | |
|--|--|---|
| (3005) Rate Of Return Carrier Additional Documentation (Continued) | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0086/OMB Control No. 3090-0019 |
| | | July 2013 |

| | | |
|-------|---|---|
| <01> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephonsa.com |

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 | |

Name of Attached Document Listing Required Information

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SHAKA RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandt Saugster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418918115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

if yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | RCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2017 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.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: | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 06/28/2016 |
| Printed name of Authorized Officer: | Michael Lattin |
| Title or position of Authorized Officer: | President |
| Telephone number of Authorized Officer: | 5418936115 ext. |
| Study Area Code of Reporting Carrier: | 539007 Filing Due Date for this form: 07/01/2016 |
| 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/CMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sengster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.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 | |
|--|--------------------------------------|
| 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. | |
| 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: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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

Attachments

AFFIDAVIT CERTIFYING COMPLIANCE WITH SERVICE
QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a) (6)


I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission, Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Snake River PCS uses the CTIA Consumer Code for Wireless Carriers as a guideline for providing our customers with information to help them make informed choices when selecting wireless service. We disclose all of our rates and terms of service to the customer, in the form of plan pamphlets and information on our website. We have maps available that show where our service is generally available. We provide contract terms to customers and confirm changes in service. We allow a 30 day trial period for all new service connects. We provide specific disclosures in our advertising. We separately identify carrier charges from state and federal taxes on our billing statements and we also disclose said taxes on our website and plan pamphlets. We provide the customer the right to terminate service for changes to contract terms. We provide ready access to customer service with our telephone number and customer service contact information on our website and billing statements. We respond to customer inquiries and complaints from government agencies within 30 days of receiving complaints from any such agency. We abide by federal CPNI laws regarding customer privacy. We provide customers with free notifications for voice, data and messaging usage and international roaming. We clearly disclose tools and services for the customer to track, monitor and/or set limits on their voice, messaging, roaming and data usage.

DATED this 27th day of June, 2016.

Eagle Telephone System, Inc. d.b.a. Snake River PCS

By: 
Mike Lattin
President

SUBSCRIBED AND SWORN to before me this _____ day of June, 2016.

Brandi A Sangster
Notary Public in and for the State of Oregon

My Commission Expires: July 26, 2016



**AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE
QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)**

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of **Eagle Telephone System, Inc. d.b.a. Snake River PCS** and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission, Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with the CTIA Consumer Code for Wireless Carriers.
- 3) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 4) Snake River PCS is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

DATED this 27th day of June, 2016.

Eagle Telephone System, Inc. d.b.a. Snake River PCS

By: 
Mike Lattin
President

SUBSCRIBED AND SWORN to before me this _____ day of June, 2016.


Notary Public in and for the State of Oregon

My Commission Expires: July 26, 2016



AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, d.b.a. Snake River PCS 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, Eagle Telephone System, d.b.a. Snake River PCS 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 Eagle Telephone System, d.b.a. Snake River PCS in Oregon was used in the preceding calendar year (2015) and will be used in the coming calendar year (2017) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 27th day of June, 2016.

By: [Signature] (Officer's Name)

Its: President (Officer's Title)

SUBSCRIBED AND SWORN to before me this ___ day of June, 2016.

Brandi A Sangster

Notary public in and for the State of Oregon

My Commission Expires: July 26, 2016



**NEED ASSISTANCE PAYING YOUR TELEPHONE BILL? YOU MAY QUALIFY FOR
THE OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP).**

Snake River PCS is your local wireless provider and a participant in the Oregon Telephone Assistance Program (OTAP), which can provide low-income households discounts of up to \$12.75 off our basic service rate. To find out if you qualify, visit www.puc.state.or.us. **Qualifying low-income households may apply for the OTAP program online at <http://www.rspf.org> or www.puc.state.or.us**

We provide our customers reliable, quality cellular service with our basic mobile mini-plan at a price comparable to that of our local basic wire-line service.

Basic Cellular Service Available From Snake River PCS

Our basic mini plan includes 200 daytime local minutes, 40 travel minutes, free incoming texts, unlimited long distance (within your minute allotment), voicemail, caller id and unlimited mobile to mobile minutes (with all other SRPCS customers). This plan is available at \$23.34 per month, taxes included. Our taxes do not change from month to month, this is a set rate. The OTAP credit is available on all of our service plans. If you have questions regarding our plans or assistance programs, please contact us at 541-8936115 or stop by our office at 349 1st Street, Richland, OR. For more information regarding the lifeline/link up America telephone assistance programs please visit www.lifeline.gov. * The program is limited to one discount per household. Use the household worksheet if there are multiple subscribers at one address. The service is not transferable and only eligible customers may enroll in the program. Federal lifeline supports are paid entirely by the Federal Lifeline Program.

Snake River PCS
WIRELESS SERVICE

349 1st Street

Richland, OR

541-893-6115

www.eagletelephone.com

WHERE YOU LIVE & PLAY

**YOUR TELEPHONE SERVICE
IS YOUR
LIFELINE!**