# **DOCKET NO. UM 1768**

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

Name of Eligible Telecommunications Carrier:Warm Springs Telecommunications Company
Filing date: _July 25, 2016
Is this: Original submission?yes OR Revised submission?
Person to contact for questions:
NameMarsha Spellman
Phone number503-997-1685
E-mail addressmarshas.spellman@warmspringstelecom.com
Documents included in this filing (please check applicable items):
CAF/ICC Support (47 CFR § 54.304)
Rate Floor Data (47 CFR § 54.313(h)) – if separate from Form 481
x Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) <sup>1</sup>
Form 690 (Mobility Fund per 47 CFR § 54.1009)
Affidavit for High-Cost Support
<b>Filing deadlines</b> : The deadlines for filing items required by 47 CFR § 54 are the same the deadlines for filing with the FCC. The notarized affidavit for high-cost support must

**Filing deadlines**: The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by <u>July 1, 2016</u>. The CAF/ICC support data are due the same day as the ETC's <u>interstate access tariff filing</u>.

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

## **DOCKET NO. UM 1768**

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.

## **FILING INSTRUCTIONS**

Please file submissions in Docket No. <u>UM 1768</u>. You do not need to include a cover letter if you use the cover sheet. Please fill in all relevant information.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to <a href="mailto:puc.filingcenter@state.or.us">puc.filingcenter@state.or.us</a>. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents, e.g., network plans, are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Please send hard copy documents to the Filing Center via US mail using the following post office box address:

Public Utility Commission of Oregon Attn: Filing Center PO Box 1088 Salem, OR 97308-1088

If you send hard copy documents via means other than the US Postal Service, use the following address:

Public Utility Commission of Oregon Attn: Filing Center 201 High Street SE, Suite 100 Salem, OR 97301

# **DOCKET NO. UM 1768**

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.

4010 Study Area Code 4015 Study Area Name 4016 Study Area Name 4017 2015 4030 Program Year 4030 Contact Name: Person USAC should contact 4030 Service Requests (voice) 4030 Contact Reperson Number 4030 Contact Study Area Code 4030 Contact Study Area Number 4030 Contact Study Area Code 4030 Contact Study Area Number 4030 Contact Study Area Number 4030 Contact Study Area Number 4030 Service Quality Improvement Reporting 4030 Unfuffilled Service Requests (voice) 4040 Number of Complaints per 1,000 customers (voice) 4040 Number of Complaints per 1,000 cus	FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 30 July 2013	060-0986/OMB Control No. 3060-0819
Detail on Attempts (voice)   Fixed   Service Quality Improvement Reporting   Consulted Service Requests (broadband)   Contact Manufacture Reporting   Consulted Service Quality Improvement Reporting   Consulted Service Requests (broadband)   Consulted Service Requests (broadband Service)   Consulted Service Requests (broadband)   Consulted	<010>	Study Area Code	539012		
4330 Centact Name: Person USAC should contact Market Reporting Control this data in the Color of the person identified in data line color of the person id			Warm Springs Tele	elcommunications Company	
with questions about this data  1035	<020>	Program Year	2015		
Number of the person identified in data line c0302    ANNUAL REPORTING FOR ALL CARRIERS   Completion   Comple	<030>		Marsha Spellman		
ANNUAL REPORTING FOR ALL CARRIERS  Completion Required Reporting (interpretation of Completion Required Required Required Required Reporting (interpretation of Completion Required Requirement Required Requirement	<035>		5039971685 ext.		
ANNUAL REPORTING FOR ALL CARRIERS    Completion   Required   Requi	<039>		marsha.spellman@v	warmspringstelecom.com	
Compare introduction worksheet    Comp	ANNUA	AL REPORTING FOR ALL CARRIERS			Completion Completion Required
Outage Reporting (voice)	<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
Unfulfilled Service Requests (voice)  320 Unfulfilled Service Requests (broadband)  320 Unfulfilled Service Requests (broadband)  320 Detail on Attempts (broadband)  320 Deta	<200>	Outage Reporting (voice)		(complete attached worksheet)	V
Cattoch descriptive document    Cattoch descriptive document		· check box if the	o outages to report		
Additional Service Requests (broadband)   Intach descriptive document)	<310>	Detail on Attempts (voice)			
Additional Complete attached worksheet    Additional Documental Complete attached w				(attach descriptive	e document)
Addob   Number of Complaints per 1,000 customers (voice)	<320>	Unfulfilled Service Requests (broadband)			
Aduo Number of Complaints per 1,000 customers (voice)  Aduo Number of Complaints per 1,000 customers (broadband)  Advantage of Fixed Mobile  Advantage of Fixed Mobile  Advantage of Fixed Mobile  Advantage of Complaints per 1,000 customers (broadband)  Advantage of Fixed Mobile  Service Quality Standards & Consumer Protection Rules Compliance  Advantage of Complaints per 1,000 customers (broadband)  Advantage of Fixed Mobile  Service Quality Standards & Consumer Protection Rules Compliance  Advantage of Complaints per 1,000 customers protections  Advantage of Check to indicate certification)  Advantage of Check to indicate certification per 1,000 customers protections  Advantage of Check to indicate certification per 1,000 customers protections  Advantage of Check to indicate certification per 1,000 customers per 1,000 customer 1,000 customer 1,000 customer 1,000 customer 1,000 customer 1,000 c	<330>	Detail on Attempts (broadband)		(attach description	ave (ocument)
Value   Valu				(uttuen descripti	ve documenty
Number of Complaints per 1,000 customers (broadband)   Service Quality Standards & Consumer Protection Rules Compliance   Check to indicate certification   V					
Number of Complaints per 1,000 customers (broadband) Fixed Mobile  Solote Quality Standards & Consumer Protection Rules Compliance  Signification   V  Signification   V  Signification   V  Signification   V  Company Price Offerings (voice)  Complete attached worksheet)  Complete attached worksheet)  Complete attached worksheet)  Complete ottached worksheet)		TIACU			
Service Quality Standards & Consumer Protection Rules Compliance  Service Quality Standards & Consumer Protection Rules Compliance  (check to indicate certification)  (statched descriptive document)  (attached descriptive document)  (check to indicate certification)  (complete attached worksheet)  (check to indicate certification)  (attached secriptive document)  (fit per, complete attached worksheet)  (complete attached worksheet)			pand)		
Service Quality Standards & Consumer Protection Rules Compliance    Say   Say					
S39012or510.pdf   complying with consumer protections   (attached descriptive document)   V			l ules Compliance	(check to indicate certification)	
<600> Functionality in Emergency Situations (check to indicate certification) <700> Company Price Offerings (voice) <710> Company Price Offerings (broadband) <800> Operating Companies and Affiliates (complete attached worksheet) <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> Terrestrial Backhaul (Y/N)? Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet)		539012or510.pdf complying with consumer	protections		
Sagotion   Price Offerings (voice)   (complete attached worksheet)	<510>			(attached descriptive document)	
Sagotion   Price Offerings (voice)   (complete attached worksheet)					
<610> <700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (complete attached worksheet)	<600>	Functionality in Emergency Situations		(check to indicate certification)	V
Company Price Offerings (voice)   Complete attached worksheet)   Complete attached worksheet		539012or610.pdf Emergency Functionality			
<700> Company Price Offerings (voice) <710> Company Price Offerings (broadband) <800> Operating Companies and Affiliates <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1110> (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> <2005>				(attached descriptive document)	
<710> Company Price Offerings (broadband) <800> Operating Companies and Affiliates <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (complete attached worksheet) (check to indicate certification) (check to indicate certification) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (complete attached worksheet)	<610>				
<800> Operating Companies and Affiliates <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet)	<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (complete attached worksheet) (check to indicate certification) (check to indicate certification) (complete attached worksheet)		- · ·			
<1000> Voice Services Rate Comparability (check to indicate certification) <1010> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet)					
<1100> Terrestrial Backhaul (Y/N)? (If not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet)					
<1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet)	<1010	>		(attach descriptive document)	
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)  Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  <2000> (check to indicate certification) (complete attached worksheet)	<1100>	> Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification)	
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  <2000> (check to indicate certification) (complete attached worksheet)				(complete attached worksheet)	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  <2000> <(check to indicate certification)  <(complete attached worksheet)	<1200>				V
<2000> (check to indicate certification) (2005> (complete attached worksheet)		·			
	<2000>	including Rule-oj-Return Carriers ajjillatea with Pr	ice cup Local Exchai	=	
	<2005>	Date of Datum Coming Deceaded DOD Additional	Documentation 141		

(check to indicate certification)

(complete attached worksheet)

<3000>

<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	539012	
<015>	Study Area Name	Warm Springs Telelcommunications Company	V
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O	
<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 of CETC which only receives frozen support, your progress report is only	company is a	
	required to address voice telephony service.		
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(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	539012
<015>	Study Area Name	Warm Springs Telelcommunications Company
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.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			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>		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	539012
<015>	Study Area Name	Warm Springs Telelcommunications Company
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.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
ı		I	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	539012
<015>	Study Area Name	Warm Springs Telelcommunications Company
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.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		539012
<015>	Study Area Name		Warm Springs Telelcommunications Company
<020>	Program Year		2015
<030>	Contact Name - Person U	SAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com
<810>	Reporting Carrier	Warm Springs Telecommunications Company dba	Warm Springs Telecom
<811>	Holding Company	pany wholly owned by the Confederated Tribes of Warm Springs	
<812>	Operating Company	n/a	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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(900) Tribal Lands F Data Collection For		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<035> Contact To	a Name	539012  Warm Springs Telelcommunications Company 2015  Marsha Spellman 5039971685 ext.  marsha.spellman@warmspringstelecom.com
<910> Tribal Land	d(s) on which ETC Serves	
<920> Tribal Gov	vernment Engagement Obligation	Name of Attached Document
to confirm the statu	des: (Y	elect es,No, NA)
communit <922> Feasibility <923> Marketin <924> Compliand <925> Compliand <926> Compliand <927> Compliand <927> Compliand <928> Compliand	sessment and deployment planning with a focus on Tribal y anchor institutions.  and sustainability planning; g services in a culturally sensitive manner; ce with Rights of way processes ce with Land Use permitting requirements ce with Facilities Siting rules ce with Environmental Review processes ce with Cultural Preservation review processes ce with Tribal Business and Licensing requirements.	

	o Terrestrial Backhaul Reporting lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Con	ection rottii	July 2013
<010>	Study Area Code	539012
<015>	Study Area Name	Warm Springs Telelcommunications Company
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers			C	CC Form 481 MB Control No. 3060-0986/OMB Control No. 3060-0819 uly 2013
<010>	Study Area Code		50000		
<015>	Study Area Name		539012		
<020>	Study Area Name Program Year			lelcommunications Com	pany
<030>	Š		2015		
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data lin	2020	Marsha Spellman		
			25		
<039>	Contact Email Address - Email Address of person identified in data li	ne <030	<pre>D&gt; marsha.spellman@</pre>	warmspringstelecom.c	om
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		539012or710.pdf	Warm Springs Telecom	Tribal Connect Application
				Nam	e of Attached Document
<1220>	Link to Public Website	HTTP	www.warmspringsteled	om.com	
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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,	V			
<1223>	Additional charges for toll calls, and rates for each such plan.	<u>v</u>			

(2000) Pr	ice Cap Carrier Additional Documentation			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	539012		
<015>	Study Area Name	Warm Springs Telelcommunications Co	mpany	
<020>	Program Year	2015		
<030> <035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Marsha Spellman 5039971685 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>			
<u> </u>	Contact Email Address - Email Address of person identified in data file Coso	marsha.spellman@warmspringstelecom.	COM	
CHECK th	e boxes below to note compliance as a recipient of Incremental Connect Ameri			•
	support as set forth in 47 CFR § 54.313(b),(c),(d),(e	e) the information reported on this form and	I in the documents attached I	pelow is accurate.
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}			
<2010>	3rd Year Certification (47 CFR § 54.313(b)(2))			
\2011>	314 Teal Certification [47 CFR § 34.313(b)(2)]			
	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}			
<2012>	2013 Frozen Support Certification		$\overline{}$	
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
			<u>i</u>	
	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		<del> </del>	
<2018>	5th year Broadband Service Certification		<b></b>	
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on l	line 2021, contains the required informa	tion	
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support			
	addresses of community anchor institutions to which began providing preceding calendar year.	ng access to broadband service in the		
	preceding calendar year.			
<2021>	Interim Progress Community Anchor Institutions			
		<u> </u>	-CAU-dad Barana	Dec. See the formation
		Name	of Attached Document Listing	g kequired information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Oata Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-081
			July 2013
<010>	Study Area Code	539012	
<015>	Study Area Name	Warm Springs Telelcommunications Compa	ny
<020>	Program Year	2015	
<030> <035>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman	
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5039971685 ext. marsha.spellman@warmspringstelecom.com	
CHECK	the boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that t	nt to 47 CFR 9 54.202(a)) and, for privately neid carriers, en he information reported on this form and in the documents	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Decument Listing Decuised	aformation.
		Name of Attached Document Listing Required I	nformation
(3011)	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.	and the second of the second o	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(2012)	In view company a Drivetch, Hold DOD Corrier (A7 CED 5 E4 212/6/2))	Name of Attached Document Listing Required Information (Yes/No)	`rO
	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)	
	check these boxes to confirm that the attached document(s), on line 301	7 contains the required information pursuant to \$ 5.4.3	13/(t)/(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	7, contains the required information pursuant to § 54.5	13(1)(2) compliance requires.
(3013)	Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash 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	n
(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)	$\dot{\text{E}}\textsc{i}\textsc{ther}$ a copy of their audited financial statement; or (2) a financial report $$ in a	format comparable to RUS Operating Report for Telecommur	ications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of 0	ash Flows	
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.	4
	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		
(2022)	Borrowers, Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(3026)	Attach the worksheet listing required information		
. ,			
	•	Name of Attached Document Listing Required Information	

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	539012
<015>	Study Area Name	Warm Springs Telelcommunications Company
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.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: Warm Springs Telelcommunications Company

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/01/2014

Printed name of Authorized Officer: Jose Matanane

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 5416410555 ext.

Study Area Code of Reporting Carrier: 539012 Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	539012
<015>	Study Area Name	Warm Springs Telelcommunications Company
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marsha Spellman
<035>	Contact Telephone Number - Number of person identified in data line <030>	5039971685 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	marsha.spellman@warmspringstelecom.com

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

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier agent; and, to the best of my knowledge, the reports a	is authorized to submit the information reported on behalf of the reporting carrier. y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized 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	n 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 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 Age	nt		
Telephone number of Authorized Agent or Employee of A	Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communications Act o 18 of the United States Code, 18 U.S.C. § 1001.	f 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

