

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

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

Filing date: 6/30/2017

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))

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

_____ HUBB Portal Broadband Information²

X Form 690 (Mobility Fund per 47 CFR § 54.1009)

X Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

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.

² Federal Price Cap carriers only.



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[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 481](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 30 Jun 17 02:03:32 PM EDT by mike@eagletelephone.com .

SAC : 539007

498 ID : 143034497

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

Program Year : 2018

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](#)

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**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	2018
<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

**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 30
July 2013

<010> Study Area Code	539007
<015> Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020> Program Year	2018
<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

<010> Study Area Code 539007

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

<020> Program Year 2018

<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

<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. 30
July 2013

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		539007line510certservicequality2017.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

**(600) Functionality in Emergency Situations
Data Collection Form**

FCC Form 481
OMB Control No. 3010-0047
July 2013

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	539007line610certifyingemergencyfunct.pdf

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0
July 2013

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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
July 2013

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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

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

Yes

<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. 3060-098
July 2013

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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

lifelinebasicserviceadposter2017.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<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.

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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 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 document

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three 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.
- <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 three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only. Name of Attached Document Listing Required Information
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013). Name of Attached Document Listing Required Information
- <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?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<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)(1)(ii)(A)

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)(1)(ii)(C)

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA
<020>	Program Year	2018
<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.c

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this attached below is accurate.

- (3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)
- (3010A) Certification of Public Interest Obligations {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)
- 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)
- 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

<010> Study Area Code	539007
<015> Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020> Program Year	2018
<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>	eaagle@eagletelephone.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

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER P
<020>	Program Year	2018
<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

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a 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 pro

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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<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 06/30/2017
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: 07/03/2017
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. 3060-0086/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	539007
<015> Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020> Program Year	2018
<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 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



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Administrative Co.

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Form 690

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on Wed 28 Jun 17 03:12:45 PM EDT by mike@eagletelephone.com .

SAC : 538001

498 ID : 143037281

Carrier Name : Eagle Telephone System, Inc.

Program Year : 2017

Filing Type : Annual Reporting

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](#)

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Mobility Fund
Phase 1 - \$54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<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: Email of the person identified in data line <030>	eagle@eagletelephone.com

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)*

Notice to Individuals Required by the Paperwork Reduction Act of 1995
OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995
Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS**. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.
THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010> Study Area Code 538001
 <015> Study Area Name Eagle Telephone System, Inc.
 <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

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number 4523817
 <111> Filing Carrier Name Eagle Telephone System, INC
 <112> Winning Bidder Carrier Name Eagle Telephone System, INC
 <113> Street Address (or PO Box) PO Box 178
 <114> City Richland
 <115> State OR
 <116> Zip-Code 97870
 <117> Telephone Number 5418936115 ext.
 <118> Fax Number 5418936903
 <119> Email Address eagle@eagletelephone.com

Contact Information

If same as above, indicate in this box



<120> Name (First, MI, Last, Suffix) Brandi Sangster
 <121> Filing Carrier Name Eagle Telephone System, INC
 <122> Street Address (or PO Box) PO Box 178
 <123> City Richland
 <124> State OR
 <125> Zip-Code 97870
 <126> Telephone Number 5418936115 ext.
 <127> Fax Number 5418936903
 <128> Email Address eagle@eagletelephone.com

Authorized Agent Information

If no agent, indicate in this box



<130> Name (First, MI, Last, Suffix) _____
 <131> Company _____
 <132> Street Address (or PO Box) _____
 <133> City _____
 <134> State _____
 <135> Zip-Code _____
 <136> Telephone Number _____
 <137> Fax Number _____
 <138> Email Address _____

<010> Study Area Code 538001
 <015> Study Area Name Eagle Telephone System, Inc.
 <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
 <140> Coverage and Performance Report Year 07/2013 - 12/2013

EagleDriveTest_538001.zip, eagle538001propagationstudy.zip,
 Eagle538001_Undrivable.zip

Coverage and Performace attachments

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)	
			-- See attached worksheet							

Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

<010> Study Area Code	538001
<015> Study Area Name	Eagle Telephone System, Inc.
<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 CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Eagle Telephone System, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/28/2017

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: 538001 Filing Due Date for this form: 07/03/2017

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 REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) 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 or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported 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 or Employee: _____ Date: _____

Printed name of Authorized Officer or Employee: _____

Title or position of Authorized Officer or Employee: _____

Telephone number of Authorized Officer or Employee: _____

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 Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification 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.

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<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

<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	12/31/2013
<202>	Total Mobility Fund Support Awarded	7589.40
<203>	Total Mobility Fund Support Disbursed	7589.40

<210> Actual Completion Date

<211> Project Status Description (attached)
 {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218> Network will Support 3G/4G Mobile Service ? 3G 4G

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<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 ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund 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 System, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/28/2017

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: 538001

Filing Due Date for this form: 07/03/2017

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.

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<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>	eaqle@eaqletelephone.com

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

Certification of Officer to Authorize an Agent to File for Mobility Fund 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 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: _____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund 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: _____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185

<010> Study Area Code 538001
<015> Study Area Name Eagle Telephone System, Inc.
<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
<140> Coverage and Performance Report Year 07/2013 - 12/2013

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
OR	Baker	T41001950500	120	108	120	58.38	52.54	52.54	Yes

Percentage of Total Population Reached by Service 100

Percentage of Total Road Miles covered by Service 90

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 (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 28th day of June, 2017.

By:  (Officer's Name)

Its: President (Officer's Title)

SUBSCRIBED AND SWORN to before me this 28th day of June, 2017.

Brandi Ann Sangster

Notary public in and for the State of Oregon

My Commission Expires: July 25, 2020



**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 28th day of June, 2017.

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

By: _____

Mike Lattin
President

SUBSCRIBED AND SWORN to before me this 28th day of June, 2017.

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

My Commission Expires: July 25, 2020



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 28th day of June, 2017.

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

By: _____



Mike Lattin
President

SUBSCRIBED AND SWORN to before me this 28th day of June, 2017.

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

My Commission Expires: July 25, 2020

