AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

| I, Willard Burge III [name of company officer], being of lawful age and duly |
|--|
| sworn, on my oath, state that I am the <u>COO</u> [title] of <u>COMSpan Communication</u> [company name] and that I am authorized to execute |
| |
| this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the |
| best of my knowledge, information and belief. |
| Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, |
| ComSpan Communications, Inc [Company name] hereby certifies to the |
| Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for |
| the program years cited. |
| |
| I attest that all federal high-cost support provided to <u>ComSpan Communications, Inc</u> |
| [Company name] 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 19 day of July , 2017. |
| |
| By: Willard Burge III W. B. (Officer's Name) |
| Its: CCO (Officer's Title) |
| . (Officer's Time) |
| |
| SUBSCRIBED AND SWORN to before me this 19 day of July, 2017. |
| Zam Midely |
| Note and the first of the Control of |
| Notary public in and for the State of Oregon My Commission Expires: 4/36/2021 OFFICIAL STAMP |
| My Commission Expires: 4/36/2021 OFFICIAL STAMP ZACHARY CALEB MCGAHUEY NOTARY PUBLIC - OREGON |
| COMMISSION NO. 962104 MY COMMISSION EXPIRES APRIL 30, 2021 |

ZACHARY CALEB MCGAHUEY
NOTARY PUBLIC - OREGON
COMMISSION NO. 962104
MY CGIMMASSION EXPIRES APRIL 30, 2021

MY COWLUSSION EXPIRES APRIL 30, 2021

Acknowledgment in a Representative Capacity

| State of OREGON | | | | |
|---|--|--|--|--|
| County of Douglas | | | | |
| This record was acknowledged before me on (date)/ 19#h, 20/ | | | | |
| by (name(s) of individual(s)) Will ARD Burge III as | | | | |
| (type of authority) of (name of party on whose behalf | | | | |
| record was executed) Conspan Communications. in e | | | | |
| Notary Public - State of Oregon | | | | |
| Official Stamp | | | | |
| OFFICIAL STAMP ZACHARY CALEB MCGAHUEY NOTARY PUBLIC - OREGON COMMISSION NO. 962104 MY COMMISSION EXPIRES APRIL 30, 2021 | | | | |
| Document Description This certificate is attached to page of a pages | | | | |
| type of document), dated $July 194h$, 20 17 , consisting of pages. | | | | |

| FCC For | rm 481 - Carrier Annual Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---------|---|----------------------------|--|
| <010> | Study Area Code | 539005 | |
| <015> | Study Area Name | COMSPANUSA. | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Betty Burge | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5412292301 ext. | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | betty.burge@ntlightnet.com | |
| | Form Type | 54.313 | |

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

| <010> | Study Area Code | | | | | 539005 | | | | | | |
|-------|--|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
| <015> | > Study Area Name | | | | | COMSPANUSA. | | | | | | |
| <020> | > Program Year | | | | 2018 | | | | | | | |
| <030> | 0> Contact Name - Person USAC should contact regarding this data | | | | Betty Burge | | | | | | | |
| <035> | Contact Telep | hone Number - | - Number of pe | rson identified | in data line <0 | 30> ⁵⁴¹²²⁹²³⁰¹ | ext. | | | | | |
| <039> | Contact Email | Address - Ema | il Address of pe | erson identified | in data line <0 | 30> betty.burge | @ntlightnet.com | | | | | |
| <210> | For the prior | r calendar yea | ar, were there | any reportal | ole voice serv | ice outages? | No | | | | | |
| <220> | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></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 |
| | | | | | | | Customers | (163 / 140) | ан тнасарргу) | (163 / NO) | Resolution | riocedules |

| 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 |
|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
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| • | fulfilled Service Request lection Form | | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013 | No. 3060-0819 |
|---|---|---------------------------|----------------------------|--|--|---------------|
| | | | | | | |
| <010> | Study Area Code | | 539005 | | | |
| <015> | Study Area Name | | COMSPANUSA. | | | |
| <020> | Program Year | | 2018 | | | |
| <030> | Contact Name - Person USAC should contact regarding th | is data | Betty Burge | | | |
| <035> | Contact Telephone Number - Number of person identifie | d in data line <030> | 5412292301 ext. | | | |
| <039> | Contact Email Address - Email Address of person identifie | ed in data line <030> | betty.burge@ntlightnet.com | | | |
| <300> U | Infulfilled service request (voice) | | NA | | | |
| <310> [| Detail on attempts (voice) | | | | | |
| <320> Unfulfilled service request (broadband) | | ne of Attached Document | | | | |
| | | | | | | |
| <330> Detail on attempts (broadband) | | | | | | |
| | | Name of Attached Document | | | _ | |

| (400) Number of Complaints per 1,000 customers | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 539005 | | | | |
|-------|--|---|--|--|--|--|
| <015> | Study Area Name | COMSPANUSA. | | | | |
| <020> | Program Year 2018 | | | | | |
| <030> | Contact Name - Person USAC should cont | act regarding this data Betty Burge | | | | |
| <035> | Contact Telephone Number - Number of p <030> | person identified in data line 5412292301 ext. | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line betty.burge@ntlightnet.com <030> | | | | | |
| <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. | | | | | |
| <410> | Complaints per 1000 customers for fixed voice 0.0 | | | | | |
| <420> | Complaints per 1000 customers for mobile voice | | | | | |
| <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 by | proadband | | | | |
| <450> | Complaints per 1000 customers for mobile | e broadband | | | | |

| • | npliance With Service Quality Standards and Consumer Protection Rules lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | |
|-------|--|----------------------------|--|--|--|
| | | | | | |
| <010> | Study Area Code | 539005 | | | |
| <015> | Study Area Name | COMSPANUSA. | | | |
| <020> | Program Year | 2018 | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com | | | |
| <500> | <500> Certify compliance with applicable service quality standards and consumer protection rules Yes | | | | |
| | | 539005 or 510.pdf | | | |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Re | ules Compliance | | | |
| <515> | <515> Certify compliance with applicable minimum service standards | | | | |

| (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 | 539005 | |

| <010> | Study Area Code | 539005 |
|-------|---|----------------------------|
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 539005 or 610.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 | 539005 | |
| <015> Study Area Name | COMSPANUSA. | |
| <020> Program Year | 2018 | |
| <030> Contact Name - Person USAC should contact regarding this data | Betty Burge | |
| <035> Contact Telephone Number - Number of person identified in data | ine <030> 5412292301 ext. | |
| <039> Contact Email Address - Email Address of person identified in data | line <030> betty.burge@ntlightnet.com | |
| <701> Residential Local Service Charge Effective Date 1/1/2017 <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 |
| | | | | | | | | | |
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| (710) Broadbrand Price Offerings | FCC Form 481 |
|----------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code 5. | 39005 |
|-------|---|----------------------------|
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.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 } |
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| (800) Op | erating Companies | | FCC Form 481 |
|-----------|---|-----------------|---|
| Data Coll | lection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | | July 2013 |
| | | | |
| <010> | Study Area Code | 539005 | |
| <015> | Study Area Name | COMSPANUSA. | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. | |

| <810> | Reporting Carrier | n/a |
|-------|-------------------|------------------------|
| <811> | Holding Company | Comspan Communications |
| <812> | Operating Company | Comspan Communications |

<039> Contact Email Address - Email Address of person identified in data line <030> betty.burge@ntlightnet.com

| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
|-------|------------|-----------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
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| | bal Lands Reporting lection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|--|
| <010> <015> <020> <030> <035> <039> <900> | Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Does the filing entity offer tribal land services? (Y/N) Tribal Land(s) on which ETC Serves | 539005 COMSPANUSA. 2018 Betty Burge 5412292301 ext. betty.burge@ntlightnet.com No |
| <920> | Tribal Government Engagement Obligation | Name of Attached Document |
| to confi | company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached PDF, on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes: | Select Yes or No or Not Applicable |
| <921> <922> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; | |
| <923> <924> <925> <926> <927> <928> <929> | Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements. | |

| - | oice and Broadband Service Rate Comparability ection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--------|--|-------|----------------------------|--|
| <010> | Study Area Code | | 539005 | |
| <015> | Study Area Name | | COMSPANUSA. | |
| <020> | Program Year | | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Betty Burge | |
| <035> | Contact Telephone Number - Number of person identified in data line <03 | 30> | 5412292301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <0 | 30> | betty.burge@ntlightnet.com | |
| <1000> | Voice services rate comparability certification | Yes | | |
| <1010> | Attach detailed description for voice services rate comparability compliance | 53900 | 05 or 1010.pdf | |
| | _ | | Name of Attached Docume | nt |
| <1020> | Broadband comparability certification | | | |
| <1030> | Attach detailed description for broadband comparability compliance | | | |
| | | | Name of Attached Docume | ent |

| - | o Terrestrial Backhaul Reporting lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--------|--|----------------------------|--|
| <010> | Study Area Code | 539005 | |
| <015> | Study Area Name | COMSPANUSA. | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com | |
| <1100> | Certify whether terrestrial backhaul options exist (Y/N) | No | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | Not Applicable | |

| Lifeline | erms and Condition for Lifeline Customers lection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|---|--|
| <010> | Study Area Code | 539005 |
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | Name of Attached Document |
| <1220> | Link to Public Website HTTP | |
| or the we | heck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, Details on the number of minutes provided as part of the plan, Additional charges for toll calls, and rates for each such plan. | |

| Data Coll | rice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|---|----------------------------|---|
| <010> | Study Area Code | 539005 | |
| <015> | Study Area Name | COMSPANUSA. | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.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

| <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? | Trequired information | |
| <2025B> | Attach geocoded Information for Phase I milestone reports (Round 2 for | Name of Attached Document Listing | |
| | year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013). | Required Information | |
| <2015> | 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4) | | |
| -2010 | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |

| Data Collection Fo | Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--------------------|--|--|
| <2016> | p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband 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) | |

| (3005) Rate Of Return Carrier Additional Documentation | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 539005 |
|-------|---|----------------------------|
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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) | Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)} | | Γ | |
| (3010B) | Please Provide Attachment | Name of Attached Docu Information | ment Listing Required | |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | | Г | |
| (3012B) | Please Provide Attachment | Name of Attached Docu Information | ment Listing Required | |
| (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) | 0 0 | |
| (3015) | 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: 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 Docu Information | ment Listing Required | |
| (3018) | If the response is no on line 3014, is your company audited? | (Yes/No) | 0 0 | |
| (2010) | 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: Either a copy of their audited financial statement; or | | | |
| (3019) | (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 | | | |
| (3022) | 3026 pursuant to § 54.313(f)(2), contains: 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 | | | |
| (3023) | Telecommunications Borrowers Underlying information subjected to a review by an independent certified public accountant | | | |
| (3024) | Underlying information subjected to an officer certification. | | | |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | | |
| (3026) | Attach the worksheet listing required information | Name of Attached Docu Information | ment Listing Required | |

| (3005) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 539005 |
|-------|---|----------------------------|
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com |

| Financial Data Summary | |
|---|--|
| • | |
| (3027) Revenue | |
| (3028) Operating Expenses | |
| (3029) Net Income | |
| (3023) Net meome | |
| (3030) Telephone Plant In Service(TPIS) | |
| (3031) Total Assets | |
| (3032) Total Debt | |
| (3033) Total Equity | |
| (3034) Dividends | |
| , | |

| (4005) Rural Broadband Experiment Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---|---|
| | July 2013 |

| <010> | Study Area Code | 539005 |
|-------|---|--------------------------------------|
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data li | ne <030> 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data li | ine <030> betty.burge@ntlightnet.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.

speed and data usage allowances available in the

relevant geographic area.

| 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 | 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 | 539005 |
|-------|---|----------------------------|
| <015> | Study Area Name | COMSPANUSA. |
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| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.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

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COMSPANUSA.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/19/2017

Printed name of Authorized Officer: Mark Scully

Title or position of Authorized Officer: $^{ ext{CEO}}$

Telephone number of Authorized Officer: 5412290229 ext.

Study Area Code of Reporting Carrier: 539005 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.

| | tion - Agent / Carrier ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | |
|-------|---|--|--|--|
| <010> | Study Area Code | 539005 | | |
| <015> | Study Area Name | COMSPANUSA. | | |
| <020> | Program Year | 2018 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com | | |

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

| | is authorized to submit the information reported on behalf of the reporting car my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authori d 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 | 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 Recipie | nts 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 Agen | t | | | |
| Telephone number of Authorized Agent or Employee of A | gent: | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | | |
| Persons willfully making false statements on this form | n can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001. | 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title | | |



| (700) Price Offerings including Voice Rate Data | FCC Form 481 |
|---|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 539005 |
|-------|---|----------------------------|
| <015> | Study Area Name | COMSPANUSA. |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Betty Burge |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5412292301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | betty.burge@ntlightnet.com |
| | | |
| <701> | Residential Local Service Charge Effective Date 1/1/2017 | |

<703>

<702> Single State-wide Residential Local Service Charge

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-----------|-----------------|------------|-----------|-----------------------------------|------------------------------|-----------------------------|---|-------------------------------|
| 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 |
| OR | | | FR | 19.95 | 6.5 | 1.64 | 2.39 | 30.48 |
| | | | | | | | | |
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Comspan

Providing Business and Residential Telecommunication Services to Communities throughout Oregon

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

CPNI Certification for 2017 covering the prior calendar year 2016

1. Date filed: July 19, 2017

2. Name of company(s) covered by this certification: Comspan Communications, Inc.

3. Form 499 Filer ID: 822642

4 Name of signatory: Willard Burge III

5. Title of signatory: COO

6. Certification:

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

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

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

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

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

Attachments: Accompanying Statement explaining CPNI procedures

Explanation of actions taken against data brokers (if applicable)

Summary of customer complaints (if applicable)

ComSpan CPNI

INDEX

- 1.1 Purpose of l)ocument
- 2.1 Comspan Communications compliance policy and process
- 3.1 FCC Ruling
- 1.1 Purpose of I)ocument

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

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

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

Customers Authentication can be any of the following:

If the call is customer initiated, password protection can be provided. Customer may provide last four digits of SS # or Federal TaxID#. Customers entering the office, must provide a valid photo II). Carrier can [nail call detail records to the customer's address of record. If the customer selects to establish a password, the carrier must authenticate the customer without the use of readily available biographical information (e.g., customers social Security number, last 4 digits of SSN, mother's maiden name, home address, date of birth) or account information (e.g., telephone number associated with the account, account number, billed amount) The password cannot be readily available biographical information. If the password s changed, ComSpan Communications will mail a follow up notification to the customers billing address of record. (I'he communication will not include the new password)

ComSpan Communications

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

3.1 FCC Ruling:

FCC RULES ON CUSTOMER RETENTION & WINBACKS: CITES & EXCERPTS

Customer Proprietary Network Information (CPNI):

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

Second Report and Order and Further Notice of Proposed Rulemaking, 13 FCC Rcd. 8061, FCC 98-27, CC Docket No. 96-1 15. Adopted Feb. 19, 1998: Released Feb. 26, 1998 (CPNI 1)

Slamming:

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

Second Report and Order and Further Notice of Proposed Rulemaking, FCC 98334, CC Docket No. 94-129; Adopted December 17, 1998; Released, December 23, 1998 (Slamrning)

CUSTOMER RETENTION & VERIFICATION

Definition

Customer retention deals with the "soon-to-be-fornier" customer. CPNI, 1174. "Retention marketino• . . . refers to a carrier's attempts to persuade a customer to remain with tlvat carrier before the customer's service is switched to another provider." CI)NI, €64.

Use of CPNI Not Allowed för Retention

Carriers cannot use ('I)NI ¹ to attempt to retain a customer "during the time subsequent to the customer's placement of an order to change carriers and prior to the change actually taking place." CPNI, ⁰69.

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

A carrier cannot "use CPNI to retain soon-to-be-former customers where the carrier gained notice of a customer's imminent cancellation of service through the provision of carrier-to-carrier service." CPNI, 176.

"[Clompetition is harmed if any carrier uses carrier-to-carrier information. such as switch or PIC orders. to trigger retention marketing campaigns." CPNI, 176 (emphasis added).

Carrier change information is proprietary. CPNI, 177. The carrier executing a change is .•prohibited from using such information to attempt to change the subscriber's decision to switch to another carrier." [d. (citing Slamming, 1106). "Thus, where a carrier exploits advance notice of a customer change by virtue of its status as the underlying networkfacilities or service provider to market to that customer, it does so in violation of the law. CPNI, '177.

Verification Not Allowed: "Interference with the Execution Process"

"[Plermitting executing carriers to verify independently carrier changes that have already been verified by subinitting carriers could have anticompetitive effects [E]xecuting carriers would have both the incentive and the ability to delay or deny carrier changes, using verification as an excuse. in order to benefit themselves or their affiliates....Thereföre, ... the executing carrier may only use such inli)rmation to provide service to the submitting carrier, i.e., changing the subscriber's carrier, and may not attempt to verify that subscriber's decision to change carriers." Slamming, \$99 (emphasis added): see also CPNI, '183.

"An executing carrier shall not verify the submission of a change in a subscriber's selection of a provider of telecommunications service received from a submitting carrier. For an executing carrier, compliance with the procedures prescribed in this part shall be defined as prompt execution, without any unreasonable delay, of changes that have been verified by a submitting carrier." Slamming, 64.1 12()(a)(2).

"[Wle require carriers to provide parity in executing carrier changes {Or competitors and promptness in executing carrier changes generally." Slamming, 1103.

''[Wle expect carriers to fulfill subscriber requests as quickly as possible, using the most technologically efficient means available to implement changes to subscribers' telecommunications services. Noncompliance with this standard could be consiclered unreasonable delay." Slamming, 05.

"A party that believes that a carrier is delaying execution of carrier changes . . . should file a complaint in the appropriate forum." Slamming. '[103.

ComSpan Conununications

"[A] carrier's failure to disclose CPNI to a competing carrier that seeks to initiate service to a custotner who wishes to subscribe to a competing carrier's service may well constitute an unreasonable practice in violation of section 201 (b) depending on the circumstances." CPNI, 1189.

WINBACK/REGAINING OF CUSTOMER

.Definition

"Regaining a customer applies to marketing situations where a customer has already switched to and is receiving service from another provider." CPNI, 164 (emphasis added).

When Allowed

Carriers are "able to use CPNI to engage in winback marketing campaigns to target valued former customers that have switched to other carriers." CPNI, 165.

"Customers expect carriers to attempt to win back their business by offering better-tailored service packages, and that such precise tailoring is most effectively achieved through the use of CPNI." CPNI, 168.

When Limited

Carriers may use CPNI of förmer customers "to market the same category ofs'ervice from which CPNI was obtained to that former customer." CPNI, 165 (emphasis added). "Customers expect that CPNI generated from their entire service will be used by their carrier to market improved service within the parameters of the customer-carrier relationship. . tJnder the total services approach. the customer's implied approval is limited to the parameters of the customer's" same category ofservice. CPNI L 1124, as modified by CPNI 1167.

"An imponant limitation . . . is that the carrier may use CPNI of the former customer to offZT that customer the service or services to which the customer previously subscribed. It would be inconsistent with the total services approach for a carrier to use such CPNI to offer new services outside the former customercarrier relationship." CPNL 1172 (emphasis aclded).

"Under the total service approach, for example, a carrier whose customer subscribes to service that includes a combination of local and CMRS would be able to use CPNI derived from this entire service to market to that customer all related offerings, but not to market long distance service to that customer, because the customer's service excludes any long distance component. Thus, under the total service approach, the carrier's permitted use of CPNI reflects the level of service subscribed to by the customer from the carrier." CPNI I, 130 (emphasis added)

ComSpan Communications



Providing Business and Residential Telecommunication Services to Communities throughout Oregon

Functionality in Emergency Situations 47 C.F.R. S

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

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

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

PO BOX 1207 Roseburg, OR 97470 Phone 541-229-2301 Noc@Ntlightnet.com www.mycomspan.com

ComSpan

Providing Business and Residential Telecommunication Services to Communities throughout Oregon

July 19, 2017

FCC

Re: Form 481 / Line Item 1010

This letter is to certify that the pricing of ComSpan voice services is no more than two standard deviations above the applicable national average urban rate for voice service. This has been set at \$49.51, as specified in the most recent public notice issued by the Wireline Competition Bureau and the Wireless Telecommunications Bureau.

Betty Burge

Comspan Communications Inc

Regulatory

360-610-3468

Betty.burge@ntlightnet.com

PO BOX 1207 Roseburg. OR ¹97470 Phone 541-229-0229 Regulatory@ntlightnet.com Comspan.net