## DOCKET NO. UM 1822

# Cover Sheet for Submission of 2017 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: People's Telephone Co.

Filing date: 6/7/17

Is this: Original submission? <u>X</u> OR Revised submission? \_\_\_\_\_

Person to contact for questions:

Name Nate Brentano

Phone number 503-845-4435

E-mail address nbrentano@cbsoregon.com

Documents included in this filing (please check applicable items):

\_\_\_\_\_ CAF/ICC Support (47 CFR § 54.304)

- <u>X</u> Rate Floor Data (47 CFR § 54.313(h))
- <u>X</u> Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>
- <u>X</u> HUBB Portal Broadband Information<sup>2</sup>
- \_\_\_\_\_ Form 690 (Mobility Fund per 47 CFR § 54.1009)
- <u>X</u> 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).

<sup>&</sup>lt;sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

<sup>&</sup>lt;sup>2</sup> Federal Price Cap carriers only.

## DOCKET NO. UM 1822

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

## FILING INSTRUCTIONS

Please file submissions for this year in Docket No. <u>UM 1822</u>. Include this cover sheet with each filing to indicate which documents are included. Please fill in all relevant items of information on the cover sheet.

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

<u>After filing electronically</u>, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-001-0070.

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

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

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

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

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

Block 1	- Contact Information							
ROW #	DATA E	FORMAT REQUES DATA	TED			RESPONSE		
1	Carrier Study Area Code		6 numeric digi	its 5	32391			
2	Carrier Study Area Name		alpha characte		EOPLES	TELEPHONE	: CO OR	
3	Service Provider Identifica	9 numeric digi	its 1	43002632	2			
4	Residential Local Servic	e Charge Effective Date	mm/dd/yy	0	6/01/17			
5	Contact Name	Contact Name			Brentano, Nate S			
6	Contact Telephone Numb	9 numeric digi	its 5	503-845-4435				
7	Sheet Number	numeric digit(	s)					
8	Total Number of Sheets		numeric digit(	s)				
	Column 1 Column 2 Residential Local State Subscriber State		Block 2- Residential L Column 3 State Universal Service Fee	Column 4 Column 4 Manditory Extended Ard Service Char	a	Column 5 Loops	Column 6 Column Exchange Name/ Zone Name	
9	13.95	0.00	1.59	2	.77	555	People's	Residential
10	13.95	0.00	1.59	4	.77	12	People's	Lifeline Service
·								

FCC For	m 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	532391	
<015>	Study Area Name	PEOPLES TEL CO OR	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Nate Brentano	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5038454435 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	nbrentano@cbsoregon.com	
	Form Type	54.313 and 54.422	

(200) 6												
	vice Outage R lection Form	eporting (void	.e)						OM	Form 481 B Control No. 3060 2013	-0986/OMB Control N	lo. 3060-0819
<010>	Study Area Co	ode				532391						
<015>	Study Area Na	ame				PEOPLES TEL	CO OR					
<020>	Program Year	r				2018						
<030>	Contact Name	e - Person USA	Should contac	ct regarding this	s data	Nate Brenta						
<035>	Contact Telep	hone Number	- Number of pe	erson identified	l in data line <0	<b>30&gt;</b> <sup>5038454435</sup>	ext.					
<039>	Contact Emai	l Address - Ema	il Address of pe	erson identified	d in data line <0	030> nbrentano@c	bsoregon.com					
<210>	For the prio	r calendar yea	ar, were there	e any reportal	ble voice serv	vice outages?	No					
<220>	<a></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 Time		Outage End Time	Number of Customers Affected		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
				+	<u> </u>			<u> </u>				
	l	1	1	1	1	1	1	1	1			1

• •	(300) Unfulfilled Service Request       FCC Form 481         Data Collection Form       OMB Control No. 3060-0986/OMB Control No. 3         July 2013       July 2013					
				July 201.	5	
<010>	Study Area Code	532391				
<015>	Study Area Name	PEOPLES TEL CO OR				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano				
<035>	Contact Telephone Number - Number of person identified in da	a line <030> 5038454435 ext.				
<039>	Contact Email Address - Email Address of person identified in da	ta line <030> nbrentano@cbsoregon.c	om			
<300> U	nfulfilled service request (voice)	0	<u> </u>			
<310> [	etail on attempts (voice)					
		Name of Attached Document				
<320> Unfulfilled service request (broadband)		0				
.220						
<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	532391	
<015>	Study Area Name	PEOPLES TEL CO OR	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact	nct regarding this data Nate B	rentano
<035>	Contact Telephone Number - Number of p <030>		5038454435 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line	nbrentano@cbsoregon.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whic any facilities you own, operate, lease, or o	telephony service in the prior h you are designated an ETC fo	Offered only fixed voice r
<410>	Complaints per 1000 customers for fixed v	oice	0.0
<420>	Complaints per 1000 customers for mobile	voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gre the prior calendar year for each service ar an ETC for any facilities you own, operate,	ater) for broadband service in a in which you are designated	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed b	roadband	0.0
<450>	Complaints per 1000 customers for mobile	broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules Yes

5323910R510.pdf

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

<515> Certify compliance with applicable minimum service standards

• •	unctionality in Emergency Situations ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532391	
<015>	Study Area Name	PEOPLES TEL CO OR	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com	
<600>	Certify compliance regarding ability to function in emergency situations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations	5323910R610.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

Study Area Code <010> 532391 <015> Study Area Name PEOPLES TEL CO. - OR <020> Program Year 2018 Contact Name - Person USAC should contact regarding this data Nate Brentano <030> 5038454435 ext. <035> Contact Telephone Number - Number of person identified in data line <030> nbrentano@cbsoregon.com Contact Email Address - Email Address of person identified in data line <030> <039> <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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					See at	tached worksheet			
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• •	adbrand Price Offerings ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 5	32391	
<015>	Study Area Name	PEOPLES TEL CO OR	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.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 { <i>select</i> }
				- See attacl worksheet	ned				
				worksneet -					

• • •	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		532391
<015>	Study Area Name		PEOPLES TEL CO OR
<020>	Program Year		2018
<030>	Contact Name - Person I	JSAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	5038454435 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	nbrentano@cbsoregon.com
<810>	Reporting Carrier	People's Telephone Co.	
<811>	Holding Company	Stayton Cooperative Telephone Company	
<812>	Operating Company	Stayton Cooperative Telephone Company	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	oal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532391	
<015>	Study Area Name	PEOPLES TEL CO OR	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attac	hed Document
-	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	m the status described on the attached PDF, on line 920,	Select	
	trates coordination with the Tribal government pursuant to	Yes or No or	
9 54.313	(a)(9) includes:	Not Applicable	
<921>	Needs assessment and deployment planning with a focus on Tribal		
	community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
	-		

<929> Compliance with Tribal Business and Licensing requirements.

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

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

<010>	Study Area Code		532391
<015>	Study Area Name		PEOPLES TEL CO OR
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <0.	30>	5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data line <0	30>	nbrentano@cbsoregon.com
<1000>	Voice services rate comparability certification Attach detailed description for voice services rate comparability compliance	Yes	
<1020>	Broadband comparability certification Attach detailed description for broadband comparability compliance		Name of Attached Document - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
	-		

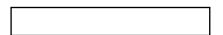
Name of Attached Document

(1100) No	o Terrestrial Backhaul Reporting	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com

Yes

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

<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the
1150	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) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com
	F	
		5323910R1210.pdf
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
	L	Name of Attached Document
		Name of Attached Document
<1220>	Link to Public Website HTTP	ww.puc.state.or.us/Pages/rspf/index.aspx
	_	
"Please cl	neck these boxes below to confirm that the attached document(s), on line 1210,	
or the we	bsite 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 i	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.	

(2005) Pr	rice Cap Carrier Additional Documentation	FCC Fo	orm 481
Data Col	lection Form	OMB C	Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 20	013
<010>	Study Area Code	532391	
<015>	Study Area Name	PEOPLES TEL CO OR	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>		nbrentano@cbsoregon.com	

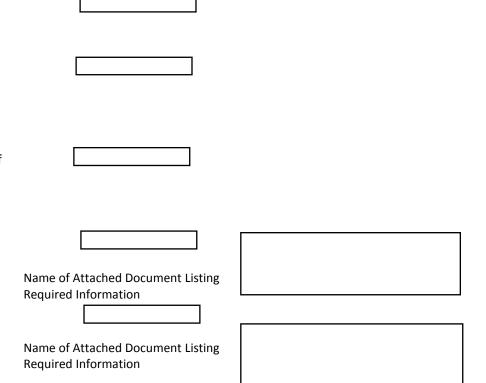
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this 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	

- <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.
- <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).

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)



Data Collection F		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
Including Rale-0j-	-Return Carriers affiliated with Price Cap Local Exchange Carriers	5019 2025		
Price Ca	p 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)			

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<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
		nbrentano@cbsoregon.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.

(2222)	Progress Report on 5 Year Plan				
(3009)	Carrier certifies to 54.313(f)(1)(iii)				
(20104)		Yes - Attach Certifica		tach Certifica	ation
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}				5323910R3010b.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information			
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors	5	
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ment Li	sting Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)		0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	U	ullet	
	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		L		
(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 Li	sting Required	
(3018)	If the response is no on line 3014, is your company audited? 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:	(Yes/No)	$\odot$	0	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			~	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			~	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			~	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for				

**Telecommunications Borrowers** 

- (3023) Underlying information subjected to a review by an independent certified public accountant
- (3024) Underlying information subjected to an officer certification.
- (3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows
- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

5323910R3026.pdf

#### (3005) Rate Of Return Carrier Additional Documentation (Continued)

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

<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com

#### **Financial Data Summary**

2558750 (3027) Revenue 1979358 (3028) Operating Expenses 599411 (3029) Net Income (3030) Telephone Plant In Service(TPIS) 7105976 (3031) Total Assets 7970775 (3032) Total Debt 329120 (3033) Total Equity 7641655 (3034) Dividends 0

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

<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> nbrentano@cbsoregon.com

#### 4005 Rural Broadband Experiment

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

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

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

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

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

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

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

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

#### 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

 Name of Attached Document Listing Required Information

 deadline for the FCC Form 481.

**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 N speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilit recipients; and, to the best of my knowledge, the information repor	ies include ensuring the accuracy of the annual reporting requirements for universal service support ted on this form and in any attachments is accurate.
Name of Reporting Carrier: PEOPLES TEL CO OR	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/02/2017
Printed name of Authorized Officer: Curt Thornton	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 5037691300 ext.	
Study Area Code of Reporting Carrier: 532391	Filing Due Date for this form: 07/03/2017

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	532391
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nbrentano@cbsoregon.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					
certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. Iso 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 gent; 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 for	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 c	of Agent Authorized to File Annual Reports for CAF or LI Recipients of	on Behalf of Reporting Carrier				
	, 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 A	igent:	Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employe	ee of Agent					
Telephone number of Authorized Agent or Empl	loyee of Agent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements of	on this form can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				

1

Attachments

(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		

532391

1/1/2017

<010> Study Area Code <015> Study Area Name PEOPLES TEL CO. - OR Program Year <020> 2018 Contact Name - Person USAC should contact regarding this data <030> Nate Brentano Contact Telephone Number - Number of person identified in data line <030> <035> 5038454435 ext. <039> Contact Email Address - Email Address of person identified in data line <030> nbrentano@cbsoregon.com

Residential Local Service Charge Effective Date <701>

Single State-wide Residential Local Service Charge <702>

<703>

<c></c>	<b5></b5>	<b4></b4>	<b3></b3>	<b2></b2>	<b1></b1>	<a3></a3>	<a2></a2>	<a1></a1>
	Mandatory Extended Area			Residential Local				
Total per line Rates and Fee	Service Charge	State Universal Service Fee	State Subscriber Line Charge	Service Rate	Rate Type	SAC (CETC)	Exchange (ILEC)	State
20.31	4.77	1.59	0.0	13.95	FR		People's	OR
12.77	4.77	1.0	0.0	7.0	FR		People's	OR
					<u> </u>		<u> </u>	

(710) Broadband Price Offerings Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	532391	

<010>		552571
<015>	Study Area Name	PEOPLES TEL CO OR
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Nate Brentano
<035>	Contact Telephone Number - Number of person identified in data line <030>	5038454435 ext.
<0205	Contact Email Address - Email Address of nerson identified in data line (020)	

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

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	. <d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	OR	People's	39.95	0.0	39.95	6.0	1.0	999999.0	Other, No limit
	OR	People's	44.95	0.0	44.95	10.0	1.0	999999.0	Other, No limit
	OR	People's	49.95	0.0	49.95	15.0	3.0	999999.0	Other, No limit
	OR	People's	54.95	0.0	54.95	20.0	1.0	999999.0	Other, No limit
	OR	People's	64.95	0.0	64.95	50.0	5.0	999999.0	Other, No limit
	OR	People's	99.95	0.0	99.95	100.0	50.0	999999.0	Other, No limit
	OR	People's	129.95	0.0	129.95	1000.0	1000.0	999999.0	Other, No limit
	OR	People's	119.95	0.0	119.95	500.0	500.0	999999.0	Other, No limit
	OR	People's	109.95	0.0	109.95	200.0	200.0	999999.0	Other, No limit
	OR	People's	69.95	0.0	69.95	50.0	50.0	999999.0	Other, No limit
							l		



#### **Consumer Protection**

People's Telephone Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information to prevent identity theft. A manual for this program is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the program as required by their job functions.

#### Service Quality Standards

People's Telephone Company complies with the service standards of the State of Oregon as promulgated in the Oregon Administrative Rules 860-034-0390, Retail Telecommunications Service Standards for Small Telecommunications Utilities.



Back-up Power People's Telephone Company has the following back-up power capabilities:

Switches – stand alone and/or host

Lyons

ns Battery backup – 10 hours Emergency generator – NG 30K, 120 gallons, 30 hours

Subscriber carrier (DLC, AFC, OPM, etc.)

All carrier locations are provisioned with battery backup of at least 6 hours of functionality. Portable generators are on hand in case of prolonged outages that are capable of keeping systems in operation.

Network Interface Devices (NIDs)

Customers with metallic (copper) connections are provisioned with NIDs that are powered from the Central Office.

Customers with non-metallic (fiber optic) connections are provisioned with NIDs that are battery powered in case of emergency. The batteries are rated to last 8 to 10 hours.

Ability to reroute traffic around damaged facilities:

People's Telephone Company has redundant facilities connecting its exchange to the Public Switched Telephone Network. This redundant facility is in the form of a SONET ring with alternate physical facilities between People's Telephone Company, Stayton Cooperative Telephone Company, CenturyLink and Frontier Communications, its interconnection to the Public Switched Telephone Network.

Capability to manage traffic spikes resulting from emergency situations

People's Telephone Company has approximately 700 lines, switching capacity to handle all lines and transport capacity to handle approximately 2,000 outgoing calls. People's Telephone Company takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.



475 North Second Ave.

P.O. Box 477

Stayton, Oregon 97383

503-859-2136

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, similar to every People's Telephone Company subscriber, are free to choose their own toll usage plans through IXCs that serve People's Telephone Company.



#### AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Curt Thornton, being of lawful age and duly sworn, on my oath, state that I am the President of People's Telephone Co. 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, People's Telephone Co. 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 People's Telephone Co 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 8th day of May, 2017.

Cut N Thom

President Its:



SUBSCRIBED AND SWORN to before me this  $\underline{S^{H}}$  day of  $\underline{\mathcal{M}}_{a}$ , 2017.

Maily 5 Kerdall Notary public in and for the State of Oregon

My Commission Expires: 1103 2020