

**DOCKET NO. UM 1822**

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

Name of Eligible Telecommunications Carrier: DirectLink-Mt. Angel

Filing date: 6/7/17

Is this: Original submission?  \_\_\_\_\_

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)

Rate Floor Data (47 CFR § 54.313(h))

Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>

HUBB Portal Broadband Information<sup>2</sup>

\_\_\_\_\_ Form 690 (Mobility Fund per 47 CFR § 54.1009)

Affidavit for High-Cost Support

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**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>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>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. UM 1822. 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 [puc.filingcenter@state.or.us](mailto:puc.filingcenter@state.or.us). 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.

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

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 via US mail using the following post office box address:

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

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

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

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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](mailto:Kay.Marinos@state.or.us).

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

| ROW # | DATA ELEMENT   | FORMAT OF REQUESTED DATA | RESPONSE                                |
|-------|--|--------------------------|---|
| 1     | Carrier Study Area Code                                | 6 numeric digits         | 532386                                  |
| 2     | Carrier Study Area Name                                | alpha characters         | CANBY TELEPHONE ASSOCIATION (MT. ANGEL) |
| 3     | Service Provider Identification Number                 | 9 numeric digits         | 143002627                               |
| 4     | <b>Residential Local Service Charge Effective Date</b> | mm/dd/yy                 | 06/01/17                                |
| 5     | Contact Name   | alpha characters         | Brentano, Nate S                        |
| 6     | Contact Telephone Number (include area code)           | 9 numeric digits         | 503-845-4435                            |
| 7     | Sheet Number   | numeric digit(s)         |   |
| 8     | Total Number of Sheets                                 | numeric digit(s)         |   |

**Block 2- Residential Local Service Rates, Fees, and Line Counts**

|    | Column 1<br>Residential Local<br>Service Charge | Column 2<br>State Subscriber<br>Line Charge | Column 3<br>State Universal<br>Service Fee | Column 4<br>Mandatory<br>Extended Area<br>Service Charge | Column 5<br>Loops | Column 6<br>Exchange Name/<br>Zone Name | Column 7<br>Class Of Service |
|----|---|---|--|--|-------------------|---|------------------------------|
| 9  | 1.00  | 0.00  | 0.09                                       | 0.00   | 292               | Mt. Angel                               | E Phone                      |
| 10 | 9.00  | 0.00  | 1.20                                       | 5.15   | 519               | Mt. Angel                               | Residential                  |
| 11 | 9.00  | 0.00  | 1.20                                       | 5.15   | 39                | Mt. Angel                               | Lifeline Service             |

**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   | 532386                  |
| <015> Study Area Name   | MT. ANGEL TEL CO.       |
| <020> Program Year  | 2018                    |
| <030> Contact Name: Person USAC should contact<br>with questions about this data      | Nate Brentano           |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 5038454435 ext.         |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | nbrentano@cbsoregon.com |
| Form Type   | 54.313 and 54.422       |



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

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

|   |                         |
|---|-------------------------|
| <010> Study Area Code   | 532386                  |
| <015> Study Area Name   | MT. ANGEL TEL CO.       |
| <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 |

<300> Unfulfilled service request (voice)

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

<320> Unfulfilled service request (broadband)

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

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

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

|       |  |                              |
|-------|--|------------------------------|
| <010> | Study Area Code  | 532386                       |
| <015> | Study Area Name  | MT. ANGEL TEL CO.            |
| <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<br><030>   | 5038454435 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line<br><030>   | nbrentano@cbsoregon.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 fixed voice     |
| <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. | Offered only fixed broadband |
| <440> | Complaints per 1000 customers for fixed broadband  | 0.0                          |
| <450> | Complaints per 1000 customers for mobile broadband   |                              |

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

|       |  |                         |
|-------|--|-------------------------|
| <010> | Study Area Code  | 532386                  |
| <015> | Study Area Name  | MT. ANGEL TEL CO.       |
| <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 protection rules | Yes                     |
|       |  | 532386OR510 .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. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                         |
|---|-------------------------|
| <010> Study Area Code   | 532386                  |
| <015> Study Area Name   | MT. ANGEL TEL CO.       |
| <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                | 532386OR610.pdf         |



**(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   | 532386                  |
| <015> Study Area Name   | MT. ANGEL TEL CO.       |
| <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>  | <a2>            | <b1>             | <b2>                            | <c>                 | <d1>  | <d2>                                       | <d3>                    | <d4>   |
|-------|-------|-----------------|------------------|---------------------------------|---------------------|---|--|-------------------------|--|
|       | State | Exchange (ILEC) | Residential Rate | State Regulated Fees            | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached <i>{select }</i> |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  | -- See attached<br>worksheet -- |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |
|       |       |                 |                  |                                 |                     |   |  |                         |  |



**(900) Tribal Lands Reporting  
Data Collection Form**

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

|   |                         |
|---|-------------------------|
| <010> Study Area Code   | 532386                  |
| <015> Study Area Name   | MT. ANGEL TEL CO.       |
| <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 Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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 |

<1000>      Voice services rate comparability certification      Yes

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

\_\_\_\_\_

Name of Attached Document

<1020>      Broadband comparability certification      Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030>      Attach detailed description for broadband comparability compliance

\_\_\_\_\_

Name of Attached Document

|  |  |
|--|--|
| <b>(1100) No Terrestrial Backhaul Reporting<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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 |

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

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

|  |  |
|--|--|
| <b>(1200) Terms and Condition for Lifeline Customers</b><br><b>Lifeline</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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 |

|   |   |
|---|---|
| <1210> Terms & Conditions of Voice Telephony Lifeline Plans | <div style="border: 1px solid black; width: 100%; height: 80px; margin-bottom: 5px;">532386OR1210.pdf</div> Name of Attached Document |
|---|---|

|                               |   |
|-------------------------------|---|
| <1220> Link to Public Website | HTTP <a href="http://www.puc.state.or.us/Pages/rspf/otap.aspx">www.puc.state.or.us/Pages/rspf/otap.aspx</a> |
|-------------------------------|---|

“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, | <input checked="" type="checkbox"/> |
|--|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|---|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|---|-------------------------------------|



|   |   |
|---|---|
| <b>(2005) Price Cap Carrier Additional Documentation</b><br><b>Data Collection Form</b><br><i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | FCC Form 481  |
|   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   | July 2013   |

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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**

|   |  |   |
|---|--|---|
| <p>&lt;2011&gt; 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.</p>   | <input style="width: 100px; height: 20px;" type="text"/> |   |
| <p>&lt;2022&gt; 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.</p> | <input style="width: 100px; height: 20px;" type="text"/> |   |
| <p>&lt;2023&gt; 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.</p>   | <input style="width: 100px; height: 20px;" type="text"/> |   |
| <p>&lt;2024A&gt; Round 2 Recipient of Incremental Support?</p>  | <input style="width: 100px; height: 20px;" type="text"/> | <input style="width: 200px; height: 60px;" type="text"/>      |
| <p>&lt;2024B&gt; Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.</p>   | <input style="width: 100px; height: 20px;" type="text"/> | <p>Name of Attached Document Listing Required Information</p> |
| <p>&lt;2025A&gt; Round 2 Recipient of Incremental Support?</p>  | <input style="width: 100px; height: 20px;" type="text"/> | <input style="width: 200px; height: 60px;" type="text"/>      |
| <p>&lt;2025B&gt; 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).</p>   | <input style="width: 100px; height: 20px;" type="text"/> | <p>Name of Attached Document Listing Required Information</p> |
| <p>&lt;2015&gt; 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)</p>  |  | <input style="width: 100px; height: 20px;" type="text"/>      |

**(2005) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including 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

**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   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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 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<br>Carrier certifies to 54.313(f)(1)(iii)   |  |  |
| (3010A) | Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}  | Yes - Attach Certification                             |  |
| (3010B) | Please Provide Attachment  | Name of Attached Document Listing Required Information | 532386OR3010b.pdf                                      |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}  | No - No New Community Anchors                          |  |
| (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)   | <input checked="" type="radio"/> <input type="radio"/> |
| (3014)  | If yes, does your company file the RUS annual report   | (Yes/No)   | <input type="radio"/> <input checked="" type="radio"/> |
| (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:<br>Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  |  | <input type="checkbox"/>                               |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input type="checkbox"/>                               |
| (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)   | <input checked="" type="radio"/> <input type="radio"/> |
| (3019)  | 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:<br>Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers   |  | <input checked="" type="checkbox"/>                    |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  |  | <input checked="" type="checkbox"/>                    |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.   |  | <input checked="" type="checkbox"/>                    |
| (3022)  | 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:<br>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 |  | <input type="checkbox"/>                               |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant   |  | <input type="checkbox"/>                               |
| (3024)  | Underlying information subjected to an officer certification.  |  | <input type="checkbox"/>                               |
| (3025)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   |  | <input type="checkbox"/>                               |
| (3026)  | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information | 532386OR3026.pdf                                       |

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

|   |                         |
|---|-------------------------|
| <010> Study Area Code   | 532386                  |
| <015> Study Area Name   | MT. ANGEL TEL CO.       |
| <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 |

**Financial Data Summary**

|   |         |
|---|---------|
| (3027) Revenue                          | 2143285 |
| (3028) Operating Expenses               | 1745549 |
| (3029) Net Income                       | 446323  |
| (3030) Telephone Plant In Service(TPIS) | 0       |
| (3031) Total Assets                     | 0       |
| (3032) Total Debt                       | 0       |
| (3033) Total Equity                     | 0       |
| (3034) Dividends                        | 0       |

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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 |

**4005 Rural Broadband Experiment**

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

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

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

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

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

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

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

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

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**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

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|   |  |
|---|--|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|                    |   |                         |
|--------------------|---|-------------------------|
| <b>&lt;010&gt;</b> | Study Area Code   | 532386                  |
| <b>&lt;015&gt;</b> | Study Area Name   | MT. ANGEL TEL CO.       |
| <b>&lt;020&gt;</b> | Program Year  | 2018                    |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Nate Brentano           |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 5038454435 ext.         |
| <b>&lt;039&gt;</b> | 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:**

|   |   |
|---|---|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |   |
| 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:  | MT. ANGEL TEL CO.                                   |
| Signature of Authorized Officer:  | CERTIFIED ONLINE<br>Date 06/02/2017                 |
| Printed name of Authorized Officer:   | Paul Hauer  |
| Title or position of Authorized Officer:  | President   |
| Telephone number of Authorized Officer:   | 5032668200 ext.                                     |
| Study Area Code of Reporting Carrier:   | 532386<br>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.  |   |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 532386                  |
| <015> | Study Area Name   | MT. ANGEL TEL CO.       |
| <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:**

| <b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>   |                                      |
|--|--------------------------------------|
| 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:**

| <b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>  |                                      |
|--|--------------------------------------|
| 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











#### Consumer Protection

DirectLink 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

DirectLink 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.

**P** 503.845.2291

**F** 503.845.6599

155 North Garfield Street  
P.O. Box 200  
Mt. Angel, Oregon 97362-0200

[directlink.coop](http://directlink.coop)

*We're here for **you.***



### **Back-up Power**

**Directlink-Mt Angel** has the following back-up power capabilities:  
65kw Generator, primary fuel Natural Gas, Secondary fuel  
2-125 gallon propane tanks,  
Central office batteries good for 10 hours.

### **Remote Central Offices-**

No Remote Offices

#### **Subscriber carrier (BLC, etc.)**

CALIX-B6 (6-slot) AC fed from Customer premise w/Generator back up  
and Batteries with 8 hours of run time.

### **Network Interface Devices (NIDs)**

**Directlink-Mt Angel** has 1,164 access lines with metallic (copper) connections to the Central Office and their NID's are powered from the Central Office.

**Directlink-Mt Angel** has 225 access lines with non-metallic (fiber optic) connections to the Central Office. These customer's NIDs are battery powered in case of emergency. Batteries are rated to last 8 hours.

### **Ability to re-route traffic around damaged facilities:**

**Directlink-Mt Angel** has fully redundant facilities for interexchange carrier traffic.

### **Capability to manage traffic spikes resulting from emergency situations:**

**Directlink-Mt Angel** has 1,389 access lines, switching capacity of 16,000 simultaneous calls, and transport capacity for 302 simultaneous calls. **Directlink-Mt Angel** takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts its networks during such events.

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*We're here for you.*

PUC Or. No. 7  
Mt. Angel Telephone Company

LOCAL ACCESS LINE SERVICE

OREGON TELEPHONE ASSISTANCE PROGRAM (LIFELINE OR OTAP) (D)

OREGON TELEPHONE ASSISTANCE PROGRAM (LIFELINE OR OTAP)

Lifeline provides for a discount against the recurring monthly rate for the provision of local residential service for certain low-income customers. Lifeline is a joint State and Federal Programs pursuant to 47 C.F.R. Subpart E, 54. In order to be eligible for Lifeline, subscribers must meet the requirements for the Oregon Telephone Assistance Program as defined in OAR 860-033-0030. As well as the Federal qualification standards in 47 C.F.R.54.409 (C)

Lifeline subscribers may subscribe to toll blocking at no extra charge. Toll blocking is a service provided that allows OTAP recipients to elect not to allow the completion of outgoing toll calls from their telecommunications circuit (OAR 860-033-0005(18)). Lifeline subscribers who subscribe to toll blocking will not be required to pay service deposits in order to initiate service.

Lifeline subscribers will not be disconnected for non-payment of toll charges, regardless of whether toll blocking is activated on their service. Partial payments received from Lifeline subscribers will be first applied to local service and then to toll charges.

Lifeline will not be furnished with Foreign Exchange service.

The following services are included in Lifeline:

- Single party, voice grade access to the Public Switched Network
- Access to emergency services
- Access to operator services
- Access to interexchange services, unless toll blocking is chosen
- Access to directory assistance
- Toll Blocking

The discount will begin with the date the company receives a valid application from the customer or when new service is established for a qualifying customer. The discount will be prorated from the effective date of the customer's application. The discount is applicable only to one access line at a residential customer's principal residence.

The reductions to be applied to the residential one-party rate are as follows:

|                                      |         |            |
|--------------------------------------|---------|------------|
| Baseline Federal Lifeline Reductions | \$ 9.25 | (C)        |
| State Supported Reduction (OTAP)     | \$ 3.50 | (D)        |
| Total                                | \$12.75 | (D)<br>(D) |

ADVICE NO. 87  
ISSUED February 29, 2012

EFFECTIVE April 1, 2012

ISSUED BY Diana Coleman

TITLE Vice President – General Manager

Second Revised Sheet 302.1

PUC Or. No. 7  
Mt. Angel Telephone Company

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LOCAL ACCESS LINE SERVICE

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 Mt. Angel Telephone Company subscriber, are free to choose their own toll usage plans through IXCs that serve Mt. Angel Telephone Company.

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ADVICE NO. 87  
ISSUED February 29, 2012 EFFECTIVE April 1, 2012  
ISSUED BY Diana Coleman  
TITLE Vice President – General Manager



Date: April 27, 2017

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
Office of the Secretary  
44512<sup>th</sup> Street SW  
Room TW-A325  
Washington, D.C. 20554

**Re: Form 481 Line 3010 Milestone Certification Pursuant to 47 C.F.R. 54.313(f)(1)(i)**

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that DirectLink provides High Speed Internet service to its customers and:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream/1 Mbps upstream;
- Provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If there are questions, I may be contacted at 503-266-8200.

Sincerely,

Paul Hauer

President

**P** 503.845.2291  
**F** 503.845.6599

155 North Garfield Street  
P.O. Box 200  
Mt. Angel, Oregon 97362-0200

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*We're here for you.*



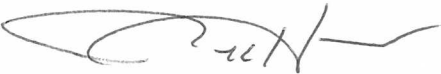
AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Paul E Hauer, being of lawful age and duly sworn, on my oath, state that I am the President of Mt. Angel Telephone Company dba DirectLink 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, Mt. Angel Telephone Company dba DirectLink 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 Mt. Angel Telephone Company dba DirectLink 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 2<sup>nd</sup> day of June, 2017.

By:  (Officer's Name)

Its: President (Officer's Title)

SUBSCRIBED AND SWORN to before me this 2 day of June, 2017.



Notary public in and for the State of Oregon

My Commission Expires: 12-26-2020

