	m 481 - Carrier Annual Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0 July 2013	986/OMB Control N	io. 3060-0819
<010>	Study Area Code	391660			
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY			
<020>	Program Year	2014			
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Aaberg			
<035>	Contact Telephone Number: Number of the person identified in data line <0302	320-847-7109			
<039>	Contact Email Address: Email of the person identified in data line <030>	maaberg@hcinet.net			
ABINITA	L DEPORTING FOR ALL CARRIEDS			54.313 Completion	54.422 Completion
ANNUA	L REPORTING FOR ALL CARRIERS			Required	Required
<100>	Service Quality Improvement Reporting	(complete attached	worksheet)	(check box wh	en complete)
<200> <210>	Outage Reporting (voice) < check box if	(complete attached no outages to report	worksheet)	<i>V</i>	V
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	0 (attach descriptive		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed 0.0 Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile				·
<800> <900> <1000> <1010> <1110> <1110> <1200> <2000>	Service Quality Standards & Consumer Protection 391660SD510 Functionality in Emergency Situations 391660SD610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price Cap C	(attached descriptive (check to indicate or (attached descriptive (complete attached (complete attached (complete attached (complete attached (if yes, complete attached (check to indicate or (attach descriptive (if not, check to indicate or (complete attached (complete attached (complete attached	document) ertification) document) worksheet) worksheet) worksheet) ertification) document) ertification) worksheet) worksheet)		v v v v v v v v v v v v v v v v v v v
<2005>	Rate of Return Carriers, Proceed to ROR Additiona	(complete attached	worksheet)		
<3000> <3005>	nate of neturn carriers, Floteed to NON Additions	(check to indicate of complete attached		<i>V</i>	

	ervice Quality Improvement Reporting Illection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name FORT RAND	TELEPHONE COMPANY
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data	aberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	347-7109
<039>	Contact Email Address - Email Address of person identified in data line <030>	perg@hcinet.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c CETC which only receives frozen support, your progress report is only required to address voice telephony service.	any is a
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

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

<010>	Study Area Code	391660		
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY		
<020>	Program Year	2014		
<030>	30> Contact Name - Person USAC should contact regarding this data Mark Aaberg			
<035>	Contact Telephone Number - Number of person identified in data line <030> 320-847-7109			
<039>	Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net			

<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									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							_					
						:	See attache	d				
						wo	rksheet					
						,,,	711011001					

(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	391660
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-847-7109
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
								+
								
				Soo off	ached worksheet			+
				See all	ached worksneet			
								

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391660		
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg		
<035>	Contact Telephone Number - Number of person identified in data line <030> 320-847-7109			
<039>	Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net			

<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 }
				e attached					
			work	sheet					
ŀ									

(800) Op	erating Companies			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		391660	
<015>	Study Area Name		FORT RANDALL TELEPHONE COMPANY	
<020>	Program Year		2014	
<030>	Contact Name - Person	USAC should contact regarding this data	Mark Aaberg	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <0	330> 320-847-7109	
<039>	Contact Email Address -	Email Address of person identified in data line <	030> maaberg@hcinet.net	
<810>	Reporting Carrier	Ft Randall Telephone		
<811>	Holding Company	Hanson Communications		

Ft Randall Telephone

<812> Operating Company

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=			
-			
-	See a	ttached works	heet
-			
-			
-			
=			
-			
=			
-			
-			
=			
-			
-			
-			
-			
-			
			

(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	391660	
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPA	TY .
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg	
<035>	Contact Telephone Number - Number of person identified in data line		
<039>	Contact Email Address - Email Address of person identified in data line	e <030> maaberg@hcinet.net	
<910>	Tribal Land(s) on which ETC Serves	Yankton Sioux Tr	ibe
<920>	Tribal Government Engagement Obligation 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:	391660SD900 Name of Attache	rd Document (.pdf)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes,No, NA)	
<922>	Feasibility and sustainability planning;	NA	
<922> <923>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	NA NA	
<923>	Marketing services in a culturally sensitive manner;	NA	
<923> <924>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	NA NA	
<923> <924> <925>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	NA NA NA	
<923> <924> <925> <926>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	NA NA NA	

	o Terrestrial Backhaul Reporting		FCC Form 481
Data Con	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391660	
<015>	Study Area Code Study Area Name	FORT RANDALL TELEPHONE COMPANY	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg	
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-847-7109	
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		391660	
<015>	Study Area Name		FORT RANDALL TELEPHONE COMPANY	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Mark Aaberg	
<035>	Contact Telephone Number - Number of person identified in data	ine <030>	320-847-7109	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	maaberg@hcinet.net	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website		ame of attached document (.pdf)	
	"Please check these boxes below to confirm that the attached PDF, 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,	V		
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

Page 9 10/10/2013

(2000) Pr	2000) Price Cap Carrier Additional Documentation FCC Form 481				
Data Coll	ata Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-09819				
Includina	ncluding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers July 2013				
4010s	Christia Anna Carla	91660			
<010> <015>	Study Area Code	ORT RANDALL TELEPHONE COMPANY			
<020>	·	011 RANDALL TELEPHONE COMPANT			
<030>		urk Aaberg			
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-847-7109			
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net			
-10001	Contact Email / Garess Email / Garess of person facilities in Garanice 1999				
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ame				
	support as set forth in 47 CFR § 54.313(b),(c),(d),	(e) the information reported on this form and in the documents attached be	elow is accurate.		
2010	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}				
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	2013 Frozen Support Certification				
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification				
<2015>	2016 and future Frozen Support Certification				
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting {47 CFR § 54.313(e)}				
<2017>	3rd year Broadband Service Certification				
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification				
<2020>	Please check the box to confirm that the attached PDF, on line 2021,				
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a	recipient			
	of CAF Phase II support shall provide the number, names, and address	es of			
	community anchor institutions to which began providing access to bro	adband			
	service in the preceding calendar year.				
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information			

	ata Collection Form FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819				
			July 2013		
	200.000				
<010>	Study Area Code 391660				
<015>		DALL TELEPHONE COMPANY			
<020>	Program Year 2014 Contact Name - Person USAC should contact regarding this data Max	rk Aaberg			
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-847-7109			
<039>	Contact Fenel Address - Email Address of person identified in data line <030>	maaberg@hcinet.net			
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that (ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attach			
	Progress Report on 5 Year Plan				
(3010)	Milestone Certification (47 CFR \S 54.313{f}(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information			
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.				
(3012) (3013) (3014)	Community Anchor Institutions {47 CFR § 54.313{f}(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report 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:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)		
(3015)	Telectronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)				
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows				
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	✓ (Yes/No)		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<u>v</u>		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		V		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		V		
(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: 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, Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information			

Page 11 10/10/2013

	ion - Reporting Carri ection Form	er	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391660	
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY	
<020>	Program Year	2014	
<030>	30> Contact Name - Person USAC should contact regarding this data Mark Aaberg		
<035>	35> Contact Telephone Number - Number of person identified in data line <030> 320-847-7109		
<039>	O39> Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net		

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: FORT RANDALL TELEPHONE COMPANY CERTIFIED ONLINE 10/10/2013 Signature of Authorized Officer: Date Printed name of Authorized Officer: Bruce Hanson Title or position of Authorized Officer: Treasurer Telephone number of Authorized Officer: 320-847-7103 391660 10/15/2013 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.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391660	
<015>	Study Area Name	FORT RANDALL TELEPHONE COMPANY	
<020>	Program Year	2014	
<030>	30> Contact Name - Person USAC should contact regarding this data Mark Aaberg		

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

<035> Contact Telephone Number - Number of person identified in data line <030> 320-847-7109
<039> Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net

is authorized to submit the information reported on behalf of the reporting carrier. I so 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 form	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:			
ignature of Authorized Agent or Employee of Agent: Date:			
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of 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	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde 18 of the United States Code, 18 U.S.C. § 1001.	er Title	

	m 481 - Carrier Annual Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Con July 2013	trol No. 3060-0819
<010>	Study Area Code	391660		
<015>	Study Area Name	MT. RUSHMORE TEL. CO.		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Aaberg		
<035>	Contact Telephone Number: Number of the person identified in data line <030	320-847-7109		
<039>	Contact Email Address: Email of the person identified in data line <030>	maaberg@hcinet.net		
ANNUA	L REPORTING FOR ALL CARRIERS		54.313 Completi Require	ion Completion
<100>	Service Quality Improvement Reporting	(complete attached wo		ox when complete)
<200> <210>	Outage Reporting (voice) < check box if	(complete attached wo	orksheet)	V
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive do		
<410> <420>	Number of Complaints per 1,000 customers (voice Fixed Mobile Number of Complaints per 1,000 customers (broat Fixed Mobile			
<500> <510> <600> <610> <700> <710> <800> <1000> <1110> <1110>	Service Quality Standards & Consumer Protection 391660SD510 Functionality in Emergency Situations 391660SD610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	Rules Compliance (check to indicate cert. (attached descriptive do (check to indicate cert. (attached descriptive do (complete attached wo (complete attached wo (fiyes, complete attached wo (attach descriptive do (finot, check to indicate cert. (complete attached wo (complete attached wo (complete attached wo	incument) vification) virisheet) virisheet)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers affiliated with Price Cap Additional Rate of Return Carriers, Proceed to <u>ROR Additional</u>	rice Cap Local Exchange Carriers (check to indicate cert (complete attached wo		
<3000> <3005>		(check to indicate cert (complete attached wo		

	rvice Quality Improvement Reporting Ilection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name MT. RUSHMORE	EL. CO.
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data Mark Ad	berg
<035>	Contact Telephone Number - Number of person identified in data line <030> 320-8	47-7109
<039>	Contact Email Address - Email Address of person identified in data line <030> maak	erg@hcinet.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5	(yes / no) O
<111>	year plan" filed with the FCC?	(yes / no) O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your comp CETC which only receives frozen support, your progress report is only required to address voice telephony service.	any is a
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

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

<010>	Study Area Code	391660			
<015>	Study Area Name	MT. RUSHMORE TEL. CO.			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg			
<035>	Contact Telephone Number - Number of person identified in data line <030> 320-847-7109				
<039>	Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net				

<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									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
								_				
						;	See attache	d				
							rksheet					
						WC	rikoricet					
		-										
		1										
		-										
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(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	391660
<015>	Study Area Name	MT. RUSHMORE TEL. CO.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-847-7109
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
<701>	Residential Local Service Charge Effective Date 1/1/2013	

<701> Residential Local Service Charge Effective Date 1/1/2013
<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
				Soo att	ached worksheet			
				See all	aciieu worksiieet			
								<u> </u>
								1

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391660			
<015>	Study Area Name	MT. RUSHMORE TEL. CO.			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg			
<035>	Contact Telephone Number - Number of person identified in data line <030> 320-847-7109				
<039>	Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net				

<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 }
			90	e attached					
				sheet					

	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		391660	
<015>	Study Area Name		MT. RUSHMORE TEL. CO.	
<020>	Program Year		2014	
<030>	Contact Name - Person	USAC should contact regarding this data	Mark Aaberg	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <0	320-847-7109	
<039>	Contact Email Address -	- Email Address of person identified in data line <	030> maaberg@hcinet.net	
<810>	Reporting Carrier	Ft Randall Telephone		
<811>	Holding Company	Hanson Communications		
<812>	Operating Company	Mt Rushmore Telephone		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=			
-			
-	See a	ttached works	heet
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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>	Study Area Code	391660		
<015>	Study Area Name	MT. RUSHMO	RE TEL. CO.	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aabe	erg	
<035>	Contact Telephone Number - Number of person identified in data line	e <030> 320-	847-7109	
<039>	Contact Email Address - Email Address of person identified in data lin			
<910>	Tribal Land(s) on which ETC Serves		Oglala Sioux Tribe	
<920>	Tribal Government Engagement Obligation		391660SD900 Name of Attached Docume	nt (.pdf)
	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:			
		Select	\neg	
		(Yes,No		
		NA)	,	
<921>	Needs assessment and deployment planning with a focus on Tribal	NA NA		
1321	community anchor institutions;		3	
<922>	Feasibility and sustainability planning;	NA	~	
<923>	Marketing services in a culturally sensitive manner;	NA		
<924>	Compliance with Rights of way processes	NA		
<925>	Compliance with Land Use permitting requirements	NA		
<926>	Compliance with Facilities Siting rules	NA		
<927>	Compliance with Facilities stillig rules Compliance with Environmental Review processes	NA		
	·	NA		
<928>	Compliance with Cultural Preservation review processes		-	
<929>	Compliance with Tribal Business and Licensing requirements.	NA		

. 3060-0819

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		391660	
<015>	Study Area Name		MT. RUSHMORE TEL. CO.	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Mark Aaberg	
<035>	Contact Telephone Number - Number of person identified in data	line <030>	> 320-847-7109	
<039>	Contact Email Address - Email Address of person identified in data			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	-	391660SD1210 Name of attached document (.pdf)	
<1220>	Link to Public Website	HTTP_		
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	,		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~		
<1222>	Details on the number of minutes provided as part of the plan,	~		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

Page 9 10/10/2013

(2000) Pr	ice Cap Carrier Additional Documentation	FCC Form 481
Data Coll	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Includina	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
	,	
040	Study Area Code 3916	
<010>	Study Area Code	
<015> <020>		USHMORE TEL. CO.
	Program Year 2014	
<030> <035>		Naberg 0-847-7109
<039>		aberg@hcinet.net
\U332	Contact Email Address - Email Address of person identified in data file Coso	macryene ince
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect America	Phase I support, frozen 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)	e information reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Certification	
<2013>	2014 Frozen Support Certification	
<2014>	2015 Frozen Support Certification	
<2015>	2016 and future Frozen Support Certification	
		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016>	Certification Support Used to Build Broadband	
	Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017>	3rd year Broadband Service Certification	$ldsymbol{ldsymbol{\sqcup}}$
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached PDF, on line 2021,	
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a reci	ent
	of CAF Phase II support shall provide the number, names, and addresses of	
	community anchor institutions to which began providing access to broads	nd
	service in the preceding calendar year.	
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information
		<u> </u>

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code 391660		
<015>		MORE TEL. CO.	
<020>	Program Year 2014 Contact Name - Person USAC should contact regarding this data Max	k Aaberg	
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-847-7109	
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that t	nnt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attach	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification {47 CFR \S 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to \S 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions {47 CFR § 54.313{f}(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}(2)} If yes, does your company file the RUS annual report 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:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Tedunes. Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	✓ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		V
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		V
(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: 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, Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.		\vdash
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	391660SD3026

Page 11 10/10/2013

	tion - Reporting Carri lection Form	er	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391660	
<015>	Study Area Name	MT. RUSHMORE TEL. CO.	
<020>	Program Year	2014	
<030>	> Contact Name - Person USAC should contact regarding this data Mark Aaberg		
<035>	35> Contact Telephone Number - Number of person identified in data line <030> 320-847-7109		
<039>	9> Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net		

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

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. RUSHMORE TEL. CO.		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/10/2013	
Printed name of Authorized Officer: Bruce Hanson		
Title or position of Authorized Officer: Treasurer		
Telephone number of Authorized Officer: 320-847-7103		
Study Area Code of Reporting Carrier: 391660	Filing Due Date for this form: 10/15/2013	

	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391660	
<015>	Study Area Name	MT. RUSHMORE TEL. CO.	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC s	hould contact regarding this data Mark Aaberg	
<035>	S5> Contact Telephone Number - Number of person identified in data line <030> 320-847-7109		
<039>	Contact Email Address - Email	Address of person identified in data line <030> maaberg@hcinet	.net

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

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. 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:		
, , ,	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Ager	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 for	n can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	.934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title