	rm 481 - Carrier Annual Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399014	
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Tanya Berndt	
<035>	Contact Telephone Number: Number of the person identified in data line <030	605-725-1073	
<039>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net	
			54.313 54.422
ANNUA	AL REPORTING FOR ALL CARRIERS		Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached w	(check box when complete)
<200> <210>		(complete attached w f no outages to report	vorksheet)
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	0 (attach descriptive a	
<400> <410> <420> <430> <440>	Fixed		
<450> <500>	Mobile Service Quality Standards & Consumer Protection	Rules Compliance (check to indicate cer	tification)
<510> <600> <610> <700> <710> <800> <900> <1000> <1010>	399014sp510         Functionality in Emergency Situations         399014sp610         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)?	(attached descriptive a (check to indicate cer (attached descriptive a (complete attached w (complete attached w (complete attached w (if yes, complete attached w (if yes, complete attached w (attach descriptive a (if not, check to indicate cer	tification)

Including Rate-of-Return Carriers affiliated wi	th Price Cap Local Exchange Carriers	
<2000> <2005>	(check to indicate certification) (complete attached worksheet)	
Rate of Return Carriers, Proceed to <u>ROR Add</u>	itional Documentation Worksheet	
<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

	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 399014	
<015>	Study Area Name JAMES VALLEY W	IRELESS, LLC
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data Tanya B	erndt
<035>	Contact Telephone Number - Number of person identified in data line <030> 605-73	25-1073
<039>	Contact Email Address - Email Address of person identified in data line <030> tanya	b@nvc.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) 🔘 💿
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes/no) U U
<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 compa CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
		Name of Attached Document (.pdf)
	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.	
<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	399014	
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt	
<035>	Contact Telephone Number - Number of person identified in data line <030> 605-725-1073		
<039>	Contact Email Address - Email Address of person identified in data line <	(030> tanyab@nvc.net	

	NODC			<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
		Outage Start	Outage Start	Outage End		Number of		911 Facilities	Service Outage	Affect Multiple		
r	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							See attache	d				
							orksheet	•				
						VVC	ikaneet					

## (700) Price Offerings including Voice Rate DataFCC Form 481Data Collection FormOMB Control No. 3060-0986/OMB Control No. 3060-0819<br/>July 2013

<010>	Study Area Code	399014
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

1/1/2013

<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
					See att	ached worksheet			
L		-	•	-	•	•			

	TAMES HALLEY MIDELESS ILS	
<010> Study Area Code	399014	
		July 2013
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
(710) Broadband Price Offerings		FCC Form 481

<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030	> 605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <03	0> tanyab@nvc.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 { <i>select</i> }
								<u> </u>	
			Se	e attached					
			work	sheet					

Page 5

	perating Companies				FCC Form 481
Data Co	llection Form				OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
					July 2013
<010>	Study Area Code		399014		
<015>			JAMES VALLEY WIREI	LESS, LLC	
<020>	•		2014		
<030>		USAC should contact regarding this data	Tanya Berndt		
<035>		nber - Number of person identified in data line	e<030> 605-725-1073		
<039>		- Email Address of person identified in data line			
<810>	Reporting Carrier	James Valley Wireless, LLC			
<811>		James Valley Cooperative Telephone C	lompany		
<812>	Operating Company	James Valley Wireless, LLC			
<813>		<a1></a1>		<a2></a2>	<a3></a3>
		Affiliates		SAC	Doing Business As Company or Brand Designation
			See a	ttached worksho	eet

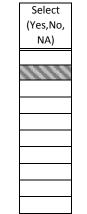
(900) Tribal Lands Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399014	
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt	
<035>	035> Contact Telephone Number - Number of person identified in data line <030> 605-725-1073		
<039>	9> Contact Email Address - Email Address of person identified in data line <030> tanyab@nvc.net		

<910> Tribal Land(s) on which ETC Serves

<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:

- <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.



Name of Attached Document (.pdf)

• •	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399014
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-725-1073
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.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	

<1130> upstream within the supported area pursuant to § 54.313(G)

Page 8

200) Te	erms and Condition for Lifeline Customers		FCC Form 481
feline ata Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-010	Study Area Code	399014	
<010>	Study Area Code	JAMES VALLEY WIRELESS, LLC	
<015>	Study Area Name	2014	
<020>	Program Year	Tanya Berndt	
<030> <035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data li		
<039>	Contact Telephone Number - Number of person identified in data in Contact Email Address - Email Address of person identified in data		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	399014SD1210	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	399014SD1210 Name of attached document (.pd	df)
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website		df)
		Name of attached document (.pd	df)

~

✓

<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.

Page 9

(2000) Pr	ice Cap Carrier Additional Documentation	FCC Form 481	
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carrier	S	July 2013
<010>	Study Area Code	399014	
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC	
<020>	Program Year	2014	
<030>	030> Contact Name - Person USAC should contact regarding this data Tanya Berndt		
<035>	035> Contact Telephone Number - Number of person identified in data line < 030> 605-725-1073		
<039>	Contact Email Address - Email Address of person identified in data line <03	<pre>J&gt; tanyab@nvc.net</pre>	

CHECK the 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) the 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		
<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 addresses of		
	community anchor institutions to which began providing access to broadband		
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

Data base base       39911         -010<	(3000) Rate Of Return Carrier Additional Documentation			FCC Form 481	
Subject         Subject         Subject           4000         Addy Aleas Code         39911           4000         Addy Aleas Code         214.4           4000         Addy Aleas Code         214.4           4000         Addy Aleas Code         214.4           4000         Contact Happhone Runder- Number of person deeffield in data los (300, 2725, 1027 3           4000         Contact Happhone Runder- Number of person deeffield in data los (300, 200, 200, 200, 200, 200, 200, 200,	Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Bits         Standy Appr Code         399914           4035         Standy Appr Code         2019           4036         Standy Appr Code         2019           4037         Standy Appr Code         2019           4038         Standy Appr Code         2019           4039         Collect Mane - Annual Code Collect conduct regarding the data         Zancy & Beenda           4039         Collect Mane - Annual Appreciation of the data level Code Collect regarding the data level Code Collect Transplanerum, net:           4030         Collect Mane Appreciation of the data level Code Collect regarding the data level Code Collect Collect Level Collect Collect Level Collect C				July 2013	
1010:00:00:00:00:00:00:00:00:00:00:00:00				· · ·	
oths       JAMES VILLEY VIENELSS, LLC         odbo.       Regime Very       2014         odbo.       Constat Name - Percon USA: About contact regarding this data       Tataya Degrad.         odbo.       Constat Name - Percon USA: About contact regarding this data       Tataya Degrad.         odbo.       Constat Name - Percon USA: About contact regarding this data       Tataya Degrad.         odbo.       Contact Name Address - Iom J Address of percon dentified in data line 002-002.       Languademov., etc.         OBDEC Contact Name Address - Iom J Address of percon dentified in data line 002-002.       Languademov., etc.         OBDEC Contact Name Address - Iom J Address of percon dentified in data line 002-002.       Languademov., etc.         OBDEC Contact Name Address - Iom J Address of percon dentified in data line 002-002.       Languademov., etc.         OBDEC Contact Name Address - Iom J Address of percon dentified in data line 002-002.       Languademov., etc.         ODDEC Contact Name Address - Iom J Address of percent dentified in data line 002-002.       Languademov., etc.         ODDEC Contact Name Address - Iom Percent dentified in data line 002-002.       Languademov., etc.         ODDEC Contact Name Address - Iom Percent dentified in data line 002-002.       Languademov., etc.         ODDEC Contact Name Address - Iom Percent dentified in data line 002-002.       Languademov., etc.         ODDEC Conternet Name Address - Iom Percent dentified	-	399014			
0000       Program Your       0014         0000       Contact The Press USEs (do contex tragging the data Terrays terrifle         0000       Contact The Press USEs (do contex tragging the data Terrays terrifle         0000       Contact The Press USEs (do contex tragging the data Terrays terrifle         0000       Contact The Press Terrays terrifle         0000       Contact The Press Terrays terrifle         0000       Contact The Press Terray terrays terrifle         0000       Contact The Press Terrays terrays terrifle         0000       Contact The Press Terray terrays terray terrays		Study Area Code	LEV WIRFLESS I.I.C		
-032       Contrast Name - Person USAC Hood contact regarding this data.       Tarty'n Bernitt         -033       Contrast Name - Person USAC Hood contact regarding this data.       Contrast Name of Attached Document Listing Regulated Information         -034       Contrast Name Address - final Address of person Udentified in data Inte -000.       Extra ValeNavec, net.         CMEX the bases below to note compliance on its fire year service quality plan (pursuant to 47 CPR § 54.202(q)) and, for privately held carrier, ensuing compliance with the financial reporting requirements set forth in 47 CPR § 54.202(q)) and, for privately held carrier, ensuing compliance with the financial reporting requirements set forth in 47 CPR § 54.202(q)) and, for privately held carrier, ensuing compliance with the financial reporting requirements set forth in 47 CPR § 54.202(q)) and, for privately held carrier, ensuing compliance with the financial reporting requirements set forth in 47 CPR § 54.202(q))         (2010)       Instruction (CT CR § 54.213(q)(Q))       Name of Attached Document Listing Required Information         (2011)       engine of CP Pene S Ligon (CT CR § 54.213(q)(Q))       Name of Attached Document Listing Required Information         (2012)       community Achorization form that the attached Pice on listing Required Information       (Private) Name         (2013)       community Achorization (CT CR § 54.213(Q)(Q) compliance requires in the attached Pice on listing Required Information       (Private) Name         (2014)       report and Listing Required Information privately Namula (Private) Saccompris NA Saccomprivere NA Saccomprivere NA Sacc			Her Wikehebb, Hic		
0395       Context Telephone Number of person identified in data level 0300       635-725-1973         0392       Context Tenal Address of person identified in data level 0300       637-725-1973         0392       Context Tenal Address of person identified in data level 0300       canyaberror.net         0310       Wildstore Certification (47 CFR § 54.313(7)(10)) Press face for the basis to continue the attached PDF, on line 3012, contains the required information pursant to 63-633 (1010), as a required for Phase Support 64 Phase Support for 54-333 (1010), as a required for Phase Support for CFR § 54.313(7)(10)       Name of Attached Document Listing Required information         03103       Wildstore Certification (47 CFR § 54.313(7)(10)) requires the basis to continue the attached PDF, on line 3012, requires of Lammany autor institutions to winto basis provide numbers, access to Lammany a browteh Phase Support for 154-353 (1010), as a requires of Lammany a browteh Phase Support for 154-353 (1010), as a requires of Lammany a Phase Phase For Certification (47 CFR § 54.313(7)(10))       Name of Attached Document Listing Required information         03103       Event conc Coopy of their anal Risk Strapport (567 For 54.313(7)(12))       Name of Attached Document Listing Required information       (res/No)         0311       Event conc Coopy of their anal Risk Phase Strapport for Tetecommunications Rorrowers1       Name of Attached Document Listing Required information       (res/No)         0312       Event conc Coopy of their anal Risk Stapport for Tetecommunications       Name of Attached Document Listing Required information       (res			ya Berndt	-	
CHECK the bases below to note compliance on its (in year service quality plan (pursuant to 47 CFR § 54.32(p)) and, for privately held carrier, ensuring compliance with the financial reporting requirements set forth in 47         CHECK the bases below to note compliance on Star Plan       Nume of Attached Document Listing Required information         (1010)       Implication of CPT R§ 54.33(p)(1))       Nume of Attached Document Listing Required information         (1021)       Implication of CPT R§ 54.33(p)(1))       Nume of Attached Document Listing Required information         (1022)       Community Anchor institutions for CPT R§ 54.33(p)(1))       Nume of Attached Document Listing Required information         (1023)       Implication of CPT R§ 54.33(p)(1))       Nume of Attached Document Listing Required information         (1024)       Implication of CPT R§ 54.33(p)(1))       Nume of Attached Document Listing Required information         (1025)       Implication of CPT R§ 54.33(p)(1))       Nume of Attached Document Listing Required information       Implication         (1026)       If the response is confirm that thatabad DP, on line 20.7, company and the Advance of CPT R§ 54.33(p)(2), compliance       Implication       Implication         (1027)       If the response is confirm that thatabad DP, on line 20.7, company and the Advance of CPT R§ 54.33(p)(2), compliance       Implication       Implication         (1026)       If the response is con line 20.4, attach your company sit US annual regont of a frequent during company and the Pr	<035>		605-725-1073		
Care S + 3.131(P(2).1 further certify that the information reported on this form and in the document attached below is accurate.         Pages Report O + S + 2 main         Pages Report O + S + 2 main         Pages Report O + S + 2 main         Pages Check this boots to confirm that the attached PD o, on the 30.2       Name of Attached Document Listing Required Information         Pages Check this boots to confirm that the attached PD o, on the 30.2       Name of Attached Document Listing Required Information         Optimum 2 main       Community Anchor Institutions 1 with the 55.43.310(10)       Name of Attached Document Listing Required Information         Pages Check this boots to confirm that the attached PD o, on the 30.21       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.250 portability Report 1 for Execommunita	<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net		
Care S + 3.131(P(2).1 further certify that the information reported on this form and in the document attached below is accurate.         Pages Report O + S + 2 main         Pages Report O + S + 2 main         Pages Report O + S + 2 main         Pages Check this boots to confirm that the attached PD o, on the 30.2       Name of Attached Document Listing Required Information         Pages Check this boots to confirm that the attached PD o, on the 30.2       Name of Attached Document Listing Required Information         Optimum 2 main       Community Anchor Institutions 1 with the 55.43.310(10)       Name of Attached Document Listing Required Information         Pages Check this boots to confirm that the attached PD o, on the 30.21       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.250 portability Report 1 for Execommunita					
Care S + 3.131(P(2).1 further certify that the information reported on this form and in the document attached below is accurate.         Pages Report O + S + 2 main         Pages Report O + S + 2 main         Pages Report O + S + 2 main         Pages Check this boots to confirm that the attached PD o, on the 30.2       Name of Attached Document Listing Required Information         Pages Check this boots to confirm that the attached PD o, on the 30.2       Name of Attached Document Listing Required Information         Optimum 2 main       Community Anchor Institutions 1 with the 55.43.310(10)       Name of Attached Document Listing Required Information         Pages Check this boots to confirm that the attached PD o, on the 30.21       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.310(10)       Name of Attached Document Listing Required Information       Crept/No.0         Pages Check the boots to confirm that the attached PD o, on the 30.250 portability Report 1 for Execommunita					
Suppose Depart on S Year Plan       Name of Attached Document Listing Required Information         (3013)       Contrains the required Information prisuant to \$5.4131(D)(D), as a repiered of CAP Phase I support shall provide the number, name, and additional sortice in the preceding calendar year.       Name of Attached Document Listing Required Information         (3023)       Contrains the required Information prisuant to \$5.4131(D)(D)       Name of Attached Document Listing Required Information         (303)       Strong You Price You Plan You Plan (Y CTR \$5.4131(D)(D))       Name of Attached Document Listing Required Information         (304)       Itypes concent with the preceding calendar year.       Name of Attached Document Listing Required Information         (305)       Plan (F concent) year Plan (Y CTR \$5.4131(D)(D))       Name of Attached Document Listing Required Information         (306)       Plan (F concent) year Listing Required Information       Plan (F concent)         (307)       Plan (F concent) year Listing Required Information       Plan (F concent)         (308)       Plan (F concent) year Listing Required Information       Plan (F concent)         (309)       Plan (F concent) year Listing Required Information       Plan (F concent)         (301)       Plan (F concent) year Listing Required Information       Plan (F concent)         (302)       Plan (F concent) year Listing Required Information       Plan (F concent)         (303)       Pla	CHECK t				
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(3021)       that performed the company's financial audit.         If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:         COpy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,         (3023)       Public accountant         (3024)       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	(====)				
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to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:(3021)(3023)(3023)(3024)(3024)(3025)(3025)(3026)(3026)(3027)(3027)(3028)(3028)(3029)(3029)(3021)(3021)(3022)(3023)(3024)(3024)(3025)(3025)(3026)(3026)(3027)(3027)(3028)(3028)(3029)(3029)(3029)(30210)		that performed the company's financial audit.			
<ul> <li>contains:</li> <li>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,</li> <li>(3023) Underlying information subjected to a review by an independent certified public accountant</li> <li>(3024) Underlying information subjected to an officer certification.</li> <li>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</li> </ul>		If the response is no on line 3018, please check the boxes below			
<ul> <li>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,</li> <li>Underlying information subjected to a review by an independent certified public accountant (Jude Public accountant)</li> <li>Underlying information subjected to an officer certification.</li> <li>Underlying information subjected to an officer certification.</li> <li>DF of Balance Sheet, Income Statement and Statement of Cash Flows</li> </ul>		to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
<ul> <li>(302) independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</li> <li>(302) Underlying information subjected to a review by an independent certified public accountant</li> <li>(3024) Underlying information subjected to an officer certification.</li> <li>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</li> </ul>					
<ul> <li>(3022) format comparable to RUS Operating Report for Telecommunications Borrowers,</li> <li>(3023) Underlying information subjected to a review by an independent certified public accountant</li> <li>(3024) Underlying information subjected to an officer certification.</li> <li>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</li> </ul>					
(3023)       PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3022)				
(3023)       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	()				
(3023)       public accountant         (3024)       Underlying information subjected to an officer certification.         (3025)       PDF of Balance Sheet, Income Statement and Statement of Cash Flows					
(3024)       Underlying information subjected to an officer certification.         (3025)       PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3023)				
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(2024)				
	(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	(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information		

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	399014	

<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data Tanya Berndt
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 605-725-1073
<039>	Contact Email Addres	ss - Email Address of person identified in data line <030> tanyab@nvc.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 Ann	ual 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: JAMES VALLEY WIRELESS	3, LLC			
Signature of Authorized Officer: CERTIFIED ONLINE		Date 10/11	/2013	
Printed name of Authorized Officer: James Groft				
Title or position of Authorized Officer: CEO				
Telephone number of Authorized Officer: 6053972323				
Study Area Code of Reporting Carrier: 399014	Filing Due Date for this form:	10/15/2013		
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	399014	
<015>	Study Area Name	JAMES VALLEY WIRELESS, LLC	
<020>	Program Year	2014	

 <030>
 Contact Name - Person USAC should contact regarding this data
 Tanya Berndt

 <035>
 Contact Telephone Number - Number of person identified in data line <030>
 605-725-1073

<039> Contact Email Address - Email Address of person identified in data line <030> tanyab@nvc.net

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)\_\_\_\_\_\_\_\_\_ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:
Name of Reporting Carrier:
Signature of Authorized Officer:
Date:
Date::
Date:
Date::
Date::
Date::
Date::
Date::
Date::
Date::
Da

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or LI Rec	ipients 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 Agent					
Telephone number of Authorized Agent or Employee of Ag	jent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form	a can be punished by fine or forfeiture under the Communications A 18 of the United States Code, 18 U.S.C. § 1001.	cct of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			