## EXHIBIT C FCC FORM 481

<b>阿斯勒特的原则</b>	m 481 - Carrier Annual Reporting Illection Form		FECForm 48 OMB Contro July 2013	11 I No: 3060-0986/OMB/Control No: 3060-0819
<010>	Study Area Code	391674		
<015>	Study Area Name	ROBERTS COUNTY TEL.	COOP. ASSN.	
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Judy Christiansen		
<035>	Contact Telephone Number: Number of the person identified in data line <030	402-398-0062 >		
<039>	Contact Email Address: Email of the person identified in data line <030>	jchristiansen@consc	ortiaconsulting.com	
ANNUA	L'REPORTING FOR ALL CARRIERS			54:313 54:422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	no outages to report	(complete attached worksheet)	/ /
<310>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)	0	(attach descriptive document)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.0  Number of Complaints per 1,000 customers (broat Fixed Mobile			
<900> <1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection  391674sd510  Functionality in Emergency Situations  391674sd610  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	O	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (feeck to indicate certification) (attach descriptive document) if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005> <3000> <3005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers affiliated with P Rate of Return Carriers, Proceed to <u>ROR Addition</u>	rice Cap Local Exchange	Carriers (check to indicate certification) (complete attached worksheet)	
			(Southern erroring mountainer)	

Value of the same	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	391674	
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact reg	arding this data Judy Christiansen	
<035>	Contact Telephone Number - Number of person	identified in data line <030> 402-398-0062	
<039>	Contact Email Address - Email Address of person	identified in data line <030> jchristiansen@consort	ciaconsulting.com
<110>	Has your company received its ETC certification If your answer to Line <110> is yes, do you have		0 0
<111>	year plan" filed with the FCC?	(yes / no )	$\circ$
<112>	54.202(a) "5 year plan" on file with the FCC, as it voice telephony service.  Attach Five-Year Service Quality Improvement Plyour annual progress report filed pursuant to 47 CETC which only receives frozen support, your prequired to address voice telephony service.	an or, in subsequent years, C.F.R. § 54.313(a)(1). If your company is a	
	Please check these boxes below to confirm that 112, contains a progress report on its five-year solution pursuant to § 54.202(a). The information she center level or census block as appropriate.	the attached PDF, on line ervice quality improvement	lame of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan ta	rgets	
<114>	Report how much universal service (USF) suppor		
<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 in the prior calendar year.	targets not met	

(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	391674		
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN.		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen		
<035>	Contact Telephone Number - Number of person identified in data line <030> 402-398-0062			
<039>	Contact Email Address - Email Address of person identified in data line <030> jchristiansen@consortiaconsulting.com			

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									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
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2052-547855	ce Öfferings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391674
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-398-0062
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<701>	Residential Local Service Charge Effective Date 1/1/2013	

<702> Single State-wide Residential Local Service Charge

)3> 🛚	<a1></a1>	<a2></a2>	<ä3>	.<61>	 <b2></b2>	<63>	<b4></b4>	<bs></bs> <bs></bs> <	<⊘
					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 Fe
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<010>	Study Area Code	391674
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 402-398-0062
<039>	Contact Email Address - Email Address of person identified in data line <0	30> jchristiansen@consortiaconsulting.com

711>	(a1>)	<a2></a2>	<b1></b1>	<b2></b2>	< <b>©</b>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
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<010>	Study Area Code		391674		
<015>	Study Area Name		ROBERTS COUNTY TEL. COOP. ASSN.		
<020>	Program Year		2014		
<030>	Contact Name - Person L	JSAC should contact regarding this data	Judy Christiansen		
<035>	5> Contact Telephone Number - Number of person identified in data line <030> 402-398-0062				
<039>	Contact Email Address - I	Email Address of person identified in data line	<030> jchristiansen@consortiaconsulting.com		
<810>	Reporting Carrier	Roberts County Telephone Cooperative	Association		
<811>	Holding Company				
<812>	Operating Company	Roberts County Telephone Cooperative	Association		

<813>	© (a1>	" <a2></a2>	<6∂>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
	See a	ttached works	heet
N			
			,
		<u> </u>	

	(900) Tri	bal Lands Reporting:	FGC Form 481
<ul> <li>&lt;010&gt; Study Area Code     331574     </li> <li>         (0105) Study Area Name          (0202) Program Year         &lt;</li></ul>	The state of the s		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Study Area Name			Júly 2013
### ADDRESS COOKEY TELL, COOP, ASSW.  #### ADDRESS COOKEY TELL, COOP, ASSW.  ##################################			
Special Contact Name - Person USAC should contact regarding this data   Suby Clustest Lausen			
Gottact Name - Person USAC should contact regarding this data   Suby Charlestaneons			
Compliance with Facilities Siting rules			
Contact Email Address - Email Address of person identified in data line <030> jehrisetiansenseconsoutiaconsoutiagonom   Sisseton Wahpeton Oyace			
<920> Tribal Land(s) on which ETC Serves 331674ed520 Name of Attached Document (.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: Salect (Yes, No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions; 921> Needs assessment and deployment planning; Yea Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Racilities Siting rules 927> Compliance with Eacilities Siting rules 928- Compliance with Cultural Preservation review processes Yea 928- Compliance with Cultural Preservation review processes Yea 929- Compliance with Cultural Preservation review processes Yea Yea Occompliance with Cultural Preservation review processes Yea Yea Occompliance with Cultural Preservation review processes Yea Yea Yea Yea Occompliance with Cultural Preservation review processes Yea			
<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: Select (Yes,No, NA) Ves, No, NA) Peasibility and sustainability planning; years Gompliance with Rights of way processes Compliance with Racilities Siting rules Compliance with Pacilities Siting rules Compliance with Cultural Preservation review processes Year Compliance with Cultural Preservation review processes Year Compliance with Cultural Preservation review processes Year </th <th></th> <th>Contact Linan Address - Linan Address of person identified in data into</th> <th>C VOJO - Juli Installacion State Installing Com</th>		Contact Linan Address - Linan Address of person identified in data into	C VOJO - Juli Installacion State Installing Com
<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: Select (Yes,No, NA) Ves, No, NA) Peasibility and sustainability planning; years Gompliance with Rights of way processes Compliance with Racilities Siting rules Compliance with Pacilities Siting rules Compliance with Cultural Preservation review processes Year Compliance with Cultural Preservation review processes Year Compliance with Cultural Preservation review processes Year </th <th>&lt;910&gt;</th> <th>Tribal Land(s) on which ETC Serves</th> <th>Sisseton Wahpeton Oyate</th>	<910>	Tribal Land(s) on which ETC Serves	Sisseton Wahpeton Oyate
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 (Yes,No, NA)   **Pes**			
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Inbal Government Engagement Obligation  Name of Attached Document (.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 (Yes,No, NA)  Yes  Yes  4921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  4922> Feasibility and sustainability planning;  4923> Marketing services in a culturally sensitive manner;  4924> Compliance with Rights of way processes  4925> Compliance with Land Use permitting requirements  4926> Compliance with Facilities Siting rules  4927> Compliance with Environmental Review processes  4928> Compliance with Cultural Preservation review processes  4928			
Inbal Government Engagement Obligation  Name of Attached Document (.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 (Yes,No, NA)  Yes  Yes  4921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  4922> Feasibility and sustainability planning;  4923> Marketing services in a culturally sensitive manner;  4924> Compliance with Rights of way processes  4925> Compliance with Land Use permitting requirements  4926> Compliance with Facilities Siting rules  4927> Compliance with Environmental Review processes  4928> Compliance with Cultural Preservation review processes  4928			
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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 (Yes,No, NA)  Ves (Yes,No, NA)  Feasibility and sustainability planning; Yes (Yes)  Marketing services in a culturally sensitive manner; Yes (Yes)  Compliance with Rights of way processes Yes (Yes)  Compliance with Facilities Siting rules Yes (Compliance with Environmental Review processes Yes (Yes)  Compliance with Cultural Preservation review processes Yes (Yes)  Compliance with Cultural Preservation review processes Yes (Yes)  Compliance with Cultural Preservation review processes Yes (Yes)			
Name of Attached Document (.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 (Yes,No, NA)  Yes  Yes  Yes  Yes  Yes  Yes  Ompliance with Rights of way processes  Yes  Compliance with Land Use permitting requirements  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y	<920>	Tribal Government Engagement Obligation	391674sd920
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 (Yes,No, NA)  Sel			Name of Attached Document (.pdf)
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 (Yes,No, NA)  Sel		If your company serves Tribal lands, please select (Yes No. NA) for	
PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No, NA)  Yes Yes Yes Yes Yes Yes Compliance with Land Use permitting requirements Yes Compliance with Facilities Siting rules Yes			
spovernment pursuant to § 54.313(a)(9) includes:  Select (Yes,No, NA)  Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  Peasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Select (Yes,No, NA)  Yes  Yes  Yes  Yes  Yes  Compliance with Land Use permitting requirements  Pas  Yes  Yes  Yes  Compliance with Facilities Siting rules  Pas  Compliance with Environmental Review processes  Yes  Yes  Compliance with Cultural Preservation review processes  Yes  Yes			
Ves Ves Yes Yes Yes Yes Yes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Environmental Review processes Yes			
Ves. Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Ves. Seasibility and sustainability planning; Ves. Seasibility and sustain			Colort
Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  Sequence of Feasibility and sustainability planning;  Sequence of Peasibility and sustainability planning;  Sequen			
Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y			
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 Yes <	<b>∠</b> 0215	Needs assessment and deployment planning with a focus on Tribal	
<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 Yes <	\JZ1>		
<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 Yes <	<922>	•	
<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 Yes  <			Yes
<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 Yes <	-	_	Yes
<926> Compliance with Facilities Siting rules  <927> Compliance with Environmental Review processes  <928> Compliance with Cultural Preservation review processes  Yes  Yes  Yes  Yes	-	,	Yes
<927> Compliance with Environmental Review processes  4928> Compliance with Cultural Preservation review processes  Yes  Yes		·	Yes
<928> Compliance with Cultural Preservation review processes Yes			Yes
		•	Yes
NACAN COMPUNIOS TOS MOST PARTICIPA AND MOST PARTICIPANT ( )		•	
	\J2J>	compliance with fribat business and decising requirements.	

2015	o Terrestrial Backhaul Reporting ection Form	FEC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391674
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-398-0062
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<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)	

(1200) Te	erms and Condition for Lifeline Customers			FCC Form 481		
Lifeline				OMB Control No. 3060-	0986/OMB Contro	l No. 3060-0819
Data Col	ection Form			July 2013		
.010:	Charles Assoc Code		391674			
<010>	Study Area Nove		ROBERTS COUNTY TEL. COOP. ASSN.			
<015>	Study Area Name		2014			
<020>	Program Year		Judy Christiansen			
<030>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data I	ino <020				
<035>	Contact Telephone Number - Number of person identified in data of Contact Email Address - Email Address of person identified in data			I. COM		
<039>	Contact Email Address - Email Address of person identified in data	iiie <ust< th=""><th>John Locality Comparison</th><th>,</th><th></th><th></th></ust<>	John Locality Comparison	,		
			391674sd1210			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans					
			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.	$\checkmark$				

Data Col	ice:Cap Carrier:Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange:Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 399	L674	
<015>	Study Area Name RO	BERTS COUNTY TEL. COOP. ASSN.	
<020>	Program Year 201		
<030>		y Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	402-398-0062	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com	
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Americal Support as set forth in 47 CFR § 54.313(b),(c),(d),(e)	ca Phase I support, frozen High Cost support, High Cost support to offset a ) the information reported on this form and in the documents attached b	
<2010> <2011>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313{b}(1)} 3rd Year Certification {47 CFR § 54.313(b)(2)}		
<2012> <2013> <2014>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		LI
<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband		
<2017> <2018> <2019> <2020>	Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification 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 re of CAF Phase II support shall provide the number, names, and addresses community anchor institutions to which began providing access to broad service in the preceding calendar year. Interim Progress Community Anchor Institutions	of	
<b>\2021&gt;</b>	intering 1108( ess community anchor institutions		

(3000) R	ate Of Return Carrier Additional Documentation		FCCForm/481F
Data Col	lection Form		OMB Control No. 3050-0986/OMB Control No. 3060-0819
			July 2013
	391674		
<010>	Study Area Code	OUNTY TEL. COOP. ASSN.	
<020>	Program Year 2014		
<030>		y Christiansen 402-398-0062	
<039>	Contact Feelphone Namber - Number of person identified in data line <030>	jchristiansen@consortiaconsulting.com	
	the boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that ti	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring one 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)(f)) 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: Electronic copy of their annual RUS reports (Operating Report for	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Telecommunications Borrowers)		
(2010)	·		
(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	391674sd3017 (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 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		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a		
(3022)	format comparable to RUS Operating Report for Telecommunications Borrowers,		_
(3023) (3024)	Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	
(3020)	Orracu the Anticuser usual seducer unnumerou	House of Armedica paconicus paring tredonce intollination	

Data Col	ion - Reporting Carr ection Form	OMB Control No. 3050-0986/OMB Control No. 3060-0819
<010>	Study Area Code	391674
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN.
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data Judy Christiansen
<035>	Contact Telephone I	Number - Number of person identified in data line <030> 402-398-0062
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> jchristiansen@consortiaconsulting.com

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

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients 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: 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.

	ion -Agent/Carrier ection Form	FCCForm 4811 OMB Centrol No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391674
<015>	Study Area Name	ROBERTS COUNTY TEL. COOP. ASSN.
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data
<035>	Contact Telephone N	umber - Number of person identified in data line <030> 402-398-0062
<039>	Contact Email Addres	s - Email Address of person identified in data line <030> jchristiansen@consortiaconsulting.com

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

certify that (Name of Agent) <u>Robin Thoreson</u> also certify that I am an officer of the reporting carrier; my responsibilitie agent; and, to the best of my knowledge, the reports and data provided to		
Name of Authorized Agent: Robin Thoreson		
Name of Reporting Carrier: ROBERTS COUNTY TEL. COOP. ASSN.		
Signature of Authorized Officer: CERTIFIED ONLINE	Date	10/11/2013
Printed name of Authorized Officer: Robin Thoreson		
Title or position of Authorized Officer: Accounting Manager		
Telephone number of Authorized Officer: 605-637-5211		
Study Area Code of Reporting Carrier: 391674	Filing Due Date for this form: 10/15/2013	

## 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
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support reci the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information r	
Name of Reporting Carrier: ROBERTS COUNTY TEL. COOP. ASSN.	
Name of Authorized Agent or Employee of Agent: Judy Christiansen	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent: Judy Christiansen	
litle or position of Authorized Agent or Employee of Agent Consultant	
Telephone number of Authorized Agent or Employee of Agent: 402-398-0062	
Study Area Code of Reporting Carrier: 391674 Filing Due Date for this form: 10/15/201	3
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title