

EXHIBIT B

Attached is a copy of Santel Communications Cooperative, Inc.'s FCC Form 481 as required by 47 C.F.R. §54.313 and 54.422.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

<010> Study Area Code	391676
<015> Study Area Name	Santel Communications Cooperative
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Stacy Buckley
<035> Contact Telephone Number: Number of the person identified in data line <030>	6057968105 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	sbuckley@santel.coop

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">391676SD510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">391676SD610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text" value="Yes"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">391676SD1010.pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input checked="" type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

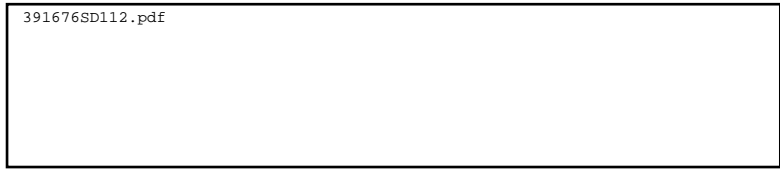
(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	391676
<015> Study Area Name	Santel Communications Cooperative
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035> Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

<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)	<input checked="" type="radio"/> <input type="radio"/>	
<111> year plan" filed with the FCC?		(yes / no)	<input checked="" type="radio"/> <input type="radio"/>	

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.

<112> 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 company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), 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	Yes
<114> Report how much universal service (USF) support was received	Yes
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

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

Redacted - For Public Inspection

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

<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

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

Our ETC serves one-half of a percent of 665 square miles of Yankton Sioux Reservation. There is one household in that area, of which we already serve.

<920> Tribal Government Engagement Obligation

391676SD920.pdf

Name of Attached Document

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

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

Select Yes or No or Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391676
<015> Study Area Name	Santel Communications Cooperative
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035> Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

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

(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
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<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	391676SD1210.pdf Name of Attached Document
-------------------------------------------------------------	-----------------------------------------------------------------------------------

<1220> Link to Public Website	HTTP www.santel.net/support/lifeline
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“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
- | | |
|-----------------------------------------------------------------------|-------------------------------------|
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|
- | | |
|-------------------------------------------------------------------------|-------------------------------------|
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|-------------------------------------------------------------------------|-------------------------------------|

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391676
<015> Study Area Name	Sante1 Communications Cooperative
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035> Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	sbuckley@sante1.coop

Select the appropriate responses below (Yes, No, Not Applicable) 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)i}	<input style="width: 100px; height: 20px;" type="text"/>
<2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}	<input style="width: 100px; height: 20px;" type="text"/>
<2011b> Attachment {47 CFR § 54.313(b)(1)iii}	<input style="width: 200px; height: 50px;" type="text"/>

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}	<input style="width: 100px; height: 20px;" type="text"/>
<2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	<input style="width: 100px; height: 20px;" type="text"/>
<2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}	<input style="width: 100px; height: 20px;" type="text"/>
<2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	<input style="width: 100px; height: 20px;" type="text"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband	<input style="width: 100px; height: 20px;" type="text"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification	<input style="width: 100px; height: 20px;" type="text"/>
<2018> 5th year Broadband Service Certification	<input style="width: 100px; height: 20px;" type="text"/>
<2019> Interim Progress Certification	<input style="width: 100px; height: 20px;" type="text"/>
<2020> Please check the box to confirm that the attached document(s), 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.	<input style="width: 100px; height: 20px;" type="text"/>

<2021> Interim Progress Community Anchor Institutions	<input style="width: 250px; height: 60px;" type="text"/>
-------------------------------------------------------	----------------------------------------------------------

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	391676
<015> Study Area Name	Santel Communications Cooperative
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

391676SD3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier 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) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

391676SD3012.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) Yes No

(3014) If yes, does your company file the RUS annual report (Yes/No) Yes No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

391676SD3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No) 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) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

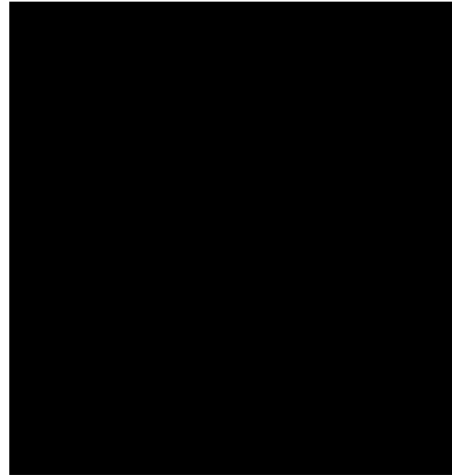
Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	391676
<015> Study Area Name	Santel Communications Cooperative
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<039> Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

Financial Data Summary

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



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	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

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: Santel Communications Cooperative	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/24/2015
Printed name of Authorized Officer: Stacy Buckley	
Title or position of Authorized Officer: Controller	
Telephone number of Authorized Officer: 6057968105 ext.	
Study Area Code of Reporting Carrier: 391676	Filing Due Date for this form: 07/01/2015
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
-----------------------------------------------------------------	----------------------------------------------------------------------------------

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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.coop

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	
<p>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.</p>	
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:
<small>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.</small>	

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	
<p>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.</p>	
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 Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>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.</small>	

Attachments

REDACTED - FOR PUBLIC INSPECTION

SANTEL COMMUNICATIONS COOPERATIVE (SAC 391676)

ATTACHMENT LINE 100

**Service Quality Improvement Reporting
Pursuant to 47 C.F.R § 54.313(a)(1)**

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF SANTEL COMMUNICATIONS

Reporting Period January 1 – December 31, 2014

Sec. 54.313(a) (5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a) (5) for High-cost Recipients, Santel Communications Cooperative, Inc. hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Santel follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are annual notices to customers on matters related to customer privacy. Santel also implemented an Identity Theft Prevention Program several years ago in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on this May 28, 2015.

A handwritten signature in blue ink that reads "Pamela Kopfmann". The signature is written in a cursive style with a large initial 'P'.

Pamela Kopfmann, Customer Service Manager

Santel Communications Cooperative, Inc.

Form 481

Line 610

Santel Communications operates 10 central offices all of which have a standby generator in the event the location loses commercial power. Each office also has a battery system that can sustain up to 8 hours of no power commercially or via a generator. Santel's networks have redundant paths and no single facility damage will take our network offline. We have spare capacity on our networks and can handle moderate traffic fluctuations.



November 2, 2012

Mr. Thurman Cournoyer, Chairman
Yankton Sioux Tribal Council
P.O. Box 1153
Wagner, SD 57380-1153

Dear Chairman Cournoyer:

I serve as the General Manager of Santel Communications Cooperative (“Santel”), a rural telephone company serving parts of southeastern South Dakota. Our cooperative’s service area includes the local exchange of Tripp and it is my understanding that approximately 3.5 miles of land in the southwestern corner of this exchange may be located within the official boundaries of the Yankton Sioux Reservation. This land sits within Charles-Mix County and, presently, includes only one customer residence. The existing customer, to my knowledge, is not a Yankton Sioux Tribal member. This customer also does not currently subscribe to any Santel broadband service, but broadband services can be made available if requested.

This letter is sent to you because the Federal Communications Commission (FCC), as part of a recent Order reforming the federal universal service mechanisms related to telecommunications and information services, has adopted new requirements that are intended to facilitate engagement between telecommunications companies serving Tribal Lands. The FCC’s new “Tribal Engagement” provisions are intended to improve communications and foster a greater understanding between service providers and Tribal entities of the factors necessary to deploy and sustain telecommunication services on Tribal lands. The ultimate aim is to benefit Tribal government leaders, carriers/service providers, and consumers living on Tribal lands by providing greater connectivity to 21st century economic opportunities, education, health care, and public safety. *See* FCC Public Notice, Office of Native Affairs and Policy, Wireless Telecommunications Bureau, and Wireline Competition Bureau Issue Further Guidance on Tribal Engagement Obligation Provisions of the Connect America Fund, DA 12-1165, released July 19, 2012.

There are some questions as to whether these FCC rules related to Tribal Engagement (which also still await approval by the federal Office of Management and Budget (OMB)) are applicable in these circumstances given the small area of land involved and lack of any residing Tribal member customers, but Santel feels compelled at this time to at least request of the Yankton Sioux Tribe whether it is interested in meeting pursuant to the FCC’s new Tribal Engagement provisions. If the Tribe is interested, Santel would offer to meet and would like to do so very soon, hopefully, by no later than the end of this November. The purpose of this



meeting would be to, generally, exchange information related to the deployment and provisioning of communications services on any Yankton Sioux Tribal lands that are located within the Tripp exchange area.

If a meeting between Santel and the Yankton Sioux Tribe is held, it is important that at least some of the individuals attending the meeting are “decision-makers.” As noted in the FCC’s July 19th Public Notice providing further guidance, “engagement cannot be merely between sales and marketing individuals on one side and administrative staff or advisors on the other. The perspectives on needs, expectations, priorities, and abilities that would formulate meaningful exchange often can come only from those with the requisite authority to make decisions.”

In closing, if your Tribe would like to proceed with Tribal Engagement in accord with the pending FCC rules, we ask at this time that you respond with the name and contact information for a Tribal representative who could assist in scheduling and arranging a meeting between Santel and the appropriate Tribal government staff and leaders. This information may be provided to me calling (605) 796-8143, or by sending me an e-mail at rthompson@santel.net.

I thank you greatly for your cooperation in this matter.

Sincerely,



Ryan Thompson

Notes:

- delivery receipt confirmed
- as of 60 days later, no response from tribe desiring meeting/discussion
- our exchange area 3.5 miles, of reservation 665 sq miles = 0.005

CERTIFICATION OF SANTEL COMMUNICATIONS

Sec. 54.313(a) (10) Voice Services Rate Comparability

Pursuant to § 54.313(a) (10), Santel Communications Cooperative, Inc. hereby certifies that our prices for fixed voice services are in compliance. We do not have a state SLC and our rates are not more than the applicable national average urban rate as published by the Wireline Competition Bureau.

I verify that the foregoing is true and correct. Executed on this May 28, 2015.

A handwritten signature in cursive script that reads "Pamela Kopfmann".

Pamela Kopfmann, Customer Service Manager

Santel Communications Cooperative, Inc.



SANTEL

COMMUNICATIONS

Local Service, Options, and Charges – Effective July 1, 2014

Local Access: The local access charge will be broken into two rates on the customer billing...local facility access (varies) plus local service access (\$2.00/month.) Please choose one of the following rates:

Residence access: \$16.50/month plus local service access
This rate code is for customers who use their telephone for personal calls.

Business access: \$17.50/month or \$25.00/month (Parkston, Tripp & Wolsey) plus local service access
This rate code is for customers who use their telephone for business-related calls or who advertise the number for business purposes.

Wolsey residents will pay a mandatory \$2/month charge for extended area calling to Huron, SD.

Optional Local Call-Plan: All Santel customers can call any other Santel customer locally (included with access charges above). Artesian/Fedora customers only have the option to call Howard (772) locally for an additional \$1.50 per month.

Basic Calling Features: \$1 per month per feature; 3 features for \$2.50; 6 features for \$5.00

Advanced Calling Features: Voice Mail \$2.50 Long Speed Dialing \$1.50
Call Waiting/Caller ID Combo \$2.00
Telemarketer Call Screening \$2.00
Teen Line (distinctive ringing) \$3.00

HIGH SPEED INTERNET – prices effective July 1, 2014

Basic Broadband	\$24.95 per month \$19.95 per month with Cable TV 128k up and down 1 Email Address
Value Broadband	\$35.95 per month \$29.95 per month with Cable TV 5Mb down/1Mb up 2 Email Addresses
Premier Broadband	\$55.95 per month \$49.95 per month with Cable TV 15Mb down/3Mb up 6 Email Addresses

SANTEL COMMUNICATIONS COOPERATIVE LIFELINE APPLICATION

(Please print)

Name: _____
 (Last) (First) (Middle Initial) (Date of Birth)

Service Address: _____
 (Street) (City) (State) (Zip)

Billing Address: _____
 (If different from service address) (Street) (City) (State) (Zip)

Last 4 digits Social Security Number: _____ Santel Telephone Number: (____) ____ - _____

Alternate Phone where you can be reached or receive messages: (____) ____ - _____

Number of individuals in applicant household: ____ Is this address a permanent address? Y ____ No ____

Are you currently receiving Lifeline assistance through any other telephone provider? Yes ____ No ____

Please answer the following questions (check appropriate lines):

- I am applying for: ____ Lifeline monthly telephone service discount (\$9.25/month telephone discount)
 ____ Toll Limitation Service (free toll blocking or toll control)

2. My household, myself, or one or more of my dependents, currently participates in one or more of the following programs: *(Check all that apply)*

- ____ Medicaid (eg Title XIX/Medical, State Supplemental Assistance)
- ____ Supplemental Nutrition Assistance Program (SNAP) – formerly Food Stamps
- ____ Supplemental Security Income (SSI)
- ____ Federal Public Housing Assistance (Section 8)
- ____ Low-Income Home Energy Assistance Program (LIHEAP)
- ____ Temporary Assistance for Needy Families (TANF)
- ____ Headstart (meeting income qualifying standards)
- ____ National School Lunch Free Lunch Program
- ____ OR My household income is at or below 135% of the Federal Poverty Guidelines

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below). You must provide proof of your household income to verify your eligibility.

2014 Federal Poverty Guidelines – 135%

Household Size	SD Annual	SD Monthly
1	\$15,755	\$1,312.92
2	\$21,236	\$1,769.67
3	\$26,717	\$2,226.42
4	\$32,198	\$2,683.17
5	\$37,679	\$3,139.92
6	\$43,160	\$3,596.67
7	\$48,641	\$4,053.42
8	\$54,122	\$4,510.17
For each additional person, add	\$ 5,481	\$ 456.75

Note: Long distance toll rates are the same for both lifeline and nonlifeline customers.

Important Information:

You will be required to provide documentation showing eligibility.

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I certify, under penalty of perjury, that:

(1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility.

(2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

(3) If I move to a new address, I will provide that new address to the telephone company within 30 days;

(4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;

(5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

(6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

(7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);

(8) I acknowledge and consent that Santel will transmit my above account data to the federal administrator of the National Lifeline Accountability Database to ensure proper administration of the Lifeline program.

(9) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(10) The information contained in this application and certification form is true and correct to the best of my knowledge.

Signature

Date

For more information about Lifeline, see www.PUC.SD.gov/Lifeline

Santel is an equal opportunity provider and employer.

PO Box 67, Woonsocket, SD 57385



2014 Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines

Persons in Family Unit	Annual Family Income
1	\$15,755
2	\$21,236
3	\$26,717
4	\$32,198
5	\$37,679
6	\$43,160
7	\$48,641
8	\$54,122

For each additional person, add \$5,481. Consumers may qualify for Lifeline if they participate in any of the programs listed on the previous page, or have a household income that is at or below 135% of the federal poverty guidelines.

To learn more, visit:

www.usac.org
www.lifelinesupport.org

Santel Communications is an equal opportunity provider and employer.

Telephone Support



**Call: 777,
1-888-978-7777,
or email:
info@santel.net**



What type of discounts are available?

There are two discounts available.

Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive up to \$9.25 per month in discounts.

How do I apply to receive the Lifeline support discount?

To apply for the Lifeline discount, or if you have any questions, please contact our billing office by dialing 777 from your home phone or 1-888-978-7777 from outside our service area.



Are there any restrictions?

Lifeline can only be used for the main telephone line in a household.

Lifeline customers may purchase all services offered to non-Lifeline customers.

The name on your phone bill must match the name of the participant who is eligible for the program.

How do I know if I qualify?

Eligibility for Lifeline support varies by state. In states that do not provide state support, such as South Dakota, the federal guidelines are used. An individual is eligible if he or she participates in one of the following programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance or Section 8
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP) (Formerly Food Stamps)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Free Lunch Program

In addition, a consumer may be eligible if his or her household income is at or below 135% of the federal poverty guidelines which are on the reverse side.



Lifeline provides discounts to eligible low-income consumers to help them establish and maintain telephone service.

Note:

Telecommunications carriers do not charge a Lifeline customer Federal Universal Service Charge (FUSC) fees on the local service portion of their telephone bill.

June 16, 2015

Milestone Certification

Santel Communications Cooperative certifies it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

A handwritten signature in blue ink, appearing to read "Mark Wilson". The signature is written in a cursive style with a large initial "M" and "W".

Mark Wilson
Network Operations Manager
Santel Communications Cooperative

CERTIFICATION OF SANTEL COMMUNICATIONS COOPERATIVE

Reporting Period January 1 – December 31, 2014

Sec. 54.313(f)(1)(ii) Community Anchor Institutions

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2014 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2014. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on June 23, 2015.

/s/ Stacy Buckley

Stacy Buckley

Santel Communications Cooperative

SAC: 3916765

REDACTED - FOR PUBLIC INSPECTION

SANTEL COMMUNICATIONS COOPERATIVE (SAC 391676)

ATTACHMENT LINE 3017

**Financial Reports
Pursuant to 47 C.F.R § 54.313(f)(2)**

ATTACHMENT REDACTED IN ENTIRETY