FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	396340	
<015>	Study Area Name	Northern Valley Communications, LLC	
<020>	Program Year	2017	
<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>	6057251073 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net	
	Form Type	54.313	

	ervice Quality Improvement Reporting ollection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013				
<010>	Study Area Code	396340						
<015>	Study Area Name	Northern Val	ley Communications, LLC					
<020>	Program Year	2017						
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Bernd						
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 6	ext.					
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.	net					
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(ye:	s / no) 🔘 💿					
<111>	year plan" filed with the FCC?	(ve	s/no) O O					
<112>	If your answer to Line <111> is yes, please 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 CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a						
	Please select the appropriate responses below (Yes, No, Not Applicable) to conf that the attached document(s), on line 112, contains a progress report on its fiv service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.	ve-year		Name of Attached Document				
<113>	Maps detailing progress towards meeting plan targets							
<114>	Report how much universal service (USF) support was received							
<115>	How much (USF) was used to improve service quality and how support was used to impr	rove service qualit	у					
<116>	How much (USF) was used to improve service coverage and how support was used to im	prove service cov	erage	7				
<117>	How much (USF) was used to improve service capacity and how support was used to imp	prove service capa	acity	4				
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.							

Page 2

	vice Outage Ro ection Form	eporting (Void	:e)						ON	C Form 481 IB Control No. 3060 • 2013	-0986/OMB Control N	lo. 3060-0819
<010>	Study Area Co	ode				396340						
<015>	Study Area Na						lley Communication	ns LLC				
<020>	Program Year					2017	1107 00000000110000101					
<030>			should contac	ct regarding this	data	Tanya Bernd	lt					
<035>				erson identified								
<039>				erson identified			net					
<210>	For the prior	r calendar yea	ar, were there	e any reportal	ole voice serv	ice outages?	No					
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number		Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected		911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
				ļ								

(300) Un	fulfilled Service Request				FCC Form 481		
Data Col	ection Form				OMB Control No. 3060-0986/OMB Control	ol No. 3060-0819	
					July 2013		
<010>	Study Area Code	3	396340				
<015>	Study Area Name	1	Northern Valley Communications, LLC				
<020>	Program Year	:	2017				
<030>	Contact Name - Person USAC should contact regarding this data		Tanya Berndt				
<035>	Contact Telephone Number - Number of person identified in dat	ta line <030>	6057251073 ext.				
<039>	Contact Email Address - Email Address of person identified in da	ita line <030>	tanyab@nvc.net				
<300> L	Infulfilled service request (voice)		0				
			0				
<310>	Detail on attempts (voice)						
		Name o	of Attached Document				
	r a construction of the second se						
<320> Unfulfilled service request (broadband)			0				
				<u> </u>			
<330>	Detail on attempts (broadband)						
		Nam	me of Attached Document				

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 396340
<015>	Study Area Name Northern Valley Communications, LLC
<020>	Program Year 2017
<030>	Contact Name - Person USAC should contact regarding this data Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line tanyab@nvc.net <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

(500) Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form

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

<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes

396340SD510.pdf

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

• •	unctionality in Emergency Situations ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	396340	
<015>	Study Area Name	Northern Valley Communications, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net	
<600>	Certify compliance regarding ability to function in emergency situations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations	396340SD610.pdf	

(700) Price Offerings including Voice Rate Data **Data Collection Form**

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

<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> tanyab@nvc.net
	Residential Local Service Charge Effective Date 1/1/2016 Single State-wide Residential Local Service Charge 1/1/2016	

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					- Soo at	tached worksheet			
·					966 al	lachen worksheet			
·									

• •	adbrand Price Offerings ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 3	96340	
<015>	Study Area Name	Northern Valley Communications, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	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> }
								X- 7	
				- See attacl	ned				
				worksheet -					
		1		1		I			I

300) Operating Companie	S		FCC Form 481
ata Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code		396340	
<015> Study Area Name		Northern Valley Communications, LL	C
<020> Program Year		2017	
<030> Contact Name - Pe	erson USAC should contact regarding this data	Tanya Berndt	
<035> Contact Telephone	e Number - Number of person identified in data line <030	0> 6057251073 ext.	
<039> Contact Email Add	ress - Email Address of person identified in data line <03	0> tanyab@nvc.net	
<810> Reporting Carrier	Northern Valley Communications		
<811> Holding Company	James Valley Cooperative Telephone Compa	ny	
<812> Operating Compar	Northern Valley Communications, LLC		
-013	<i>2</i> 4 3	(6)	
<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
		See attached workshe	et

	bal Lands Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	396340	
<015>	Study Area Name	Northern Valley Communications, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached	d Document
If your c	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
-	rm the status described on the attached document(s), on line 920,		
	trates coordination with the Tribal government pursuant to	Select	
	3(a)(9) includes:	Yes or No or	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Not Applicable	
<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		
	Compliance with Tribal Business and Licensing requirements.		

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

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

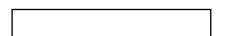
<010>	Study Area Code		396340
<015>	Study Area Name		Northern Valley Communications, LLC
<020>	Program Year		2017
<030>	Contact Name - Person USAC should contact regarding this data		Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <	030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <	<030>	tanyab@nvc.net
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	39634	Name of Attached Document
<1020>	Broadband comparability certification		- Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	39634	0SD1030.pdf
			Name of Attached Document

(1100) No	o Terrestrial Backhaul Reporting	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

Yes

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

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



	erms and Condition for Lifeline Customers	FCC Form 481		
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819		
Data Col	lection Form	July 2013		
<010>	Study Area Code	396340		
<015>	Study Area Name	Northern Valley Communications, LLC		
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net		
	F			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
	L	Name of Attached Document		
<1220>	Link to Public Website HTTP			
	heck these boxes below to confirm that the attached document(s), on line 1210,			
	bsite listed, on line 1220, contains the required information pursuant to			
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually	report:			
4004				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,			
	telephony service plans onered to Enemie 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.			
12207				

(2000) Price Cap Carrier Additional Documentation FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form July 2013 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers 396340 <010> Study Area Code <015> Study Area Name Northern Valley Communications, LLC 2017 <020> Program Year <030> Contact Name - Person USAC should contact regarding this data Tanva Berndt 6057251073 ext. Contact Telephone Number - Number of person identified in data line <030> <035> Contact Email Address - Email Address of person identified in data line <030> tanyab@nvc.net <039> Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase I reporting <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 <2011> 2016 certification, this applies to Round 1 recipients of Incremental Support <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for

 projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
 <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census

blocks indicating where funding was spent. This covers year two -

54.313(b)(2)(ii). Round 2 recipients only.
<2024A> Round 2 Recipient of Incremental Support?

- <2024B> Attach list of census blocks indicating where funding was spent in year two 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Data Collection For	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband t America Phase II Reporting {47 CFR § 54.313(e)}		
	Connect America Fund Phase II recipient?		
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information	
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)		
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)		
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)		
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)		
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)		

<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

Complete the items below to note compliance with 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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docun Information	nent Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
(3012B)	Please Provide Attachment	Name of Attached Docum Information	nent Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	00	
	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:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) with 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	Name of Attached Docun Information	nent Listing Required	
(3018)	If the response is no on line 3014, is your company audited? 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:	(Yes/No)	00	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or 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

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

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

July 2013

<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

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

vice(TPIS)	

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

<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> tanyab@nvc.net

4005 Rural Broadband Experiment

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

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

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

interest obligations consistent with the category for	d to the identified locations meeting the requisite public which they were selected, including broadband speed, ly comparable to rates for comparable offerings in urban	Yes
Community Anchor Institutions – FCC 14-98 (parage	raph 79)	
4003a . RBE participants must provide the number, r which they newly deployed broadband service in the (yes – attach new community anchors, no – no new	No - No New Anchors	
If yes to 4003A, please provide a response for 4003	В.	
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to	Name of Attached Document Listing Required Information	
broadband service in the preceding calendar year.		
Broadband Deployment Locations – FCC 14-98 (par	396340SD4004a.xlsm	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the		
June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	396340SD4004b.pdf
speed and data usage allowances available in the relevant geographic area.		

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	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - 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:

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: Northern Valley Communication	ns, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2016		
Printed name of Authorized Officer: James Groft			
Title or position of Authorized Officer: CEO			
Telephone number of Authorized Officer: 6057251054 ext.			
Study Area Code of Reporting Carrier: 396340	Filing Due Date for this form: 07/01/2016		

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	396340
<015>	Study Area Name	Northern Valley Communications, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<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:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

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	Certification of <i>I</i>	Agent Authorized to File Annual Reports for CAF or LI Recipients	s 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	e of Reporting Carrier:		
Name	e of Authorized Agent Firm:		
Signat	ture of Authorized Agent or Employee of Agen	ıt:	Date:
Name	of Authorized Agent Employee:		
Title o	or position of Authorized Agent or Employee o	of Agent	
Teleph	hone number of Authorized Agent or Employe	e of Agent:	
Study	Area Code of Reporting Carrier:	Filing Due Date for this form:	
	Persons willfully making false statements on t	this form can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

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