EXHIBIT B-2

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	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<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>	4028181322 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jchristiansen@consortiaconsulting.com
	Form Type	54.313 and 54.422

	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	391653		
<015>	Study Area Name	CITY OF FAITH MUNI	C	
	Program Year	2017		
	Contact Name - Person USAC should contact regarding this data	Judy Christiansen		
	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@cons	ortiaconsulting.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	$\bigcirc \bigcirc$	
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		$\cap \cap$	
<111>	year plan" filed with the FCC?	(yes / no)		
<112>	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 co CETC which only receives frozen support, your progress report is only required to address voice telephony service.		53sd112.pdf	
		L		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- service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	year		
<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 improv	ve service quality	Yes	-
<116>	How much (USF) was used to improve service coverage and how support was used to impr		Yes	4
<117>	How much (USF) was used to improve service capacity and how support was used to improve		Yes	4
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	.	Not Applicable	<u>-</u>

1993 (SALE 498 (SALE)	vice Outage Ro lection Form	eporting (Voi	ce)						OM	Form 481 IB Control No. 3060 2013	-0986/OMB Control N	lo. 3060-0819
<010>	Study Area Co	ode				391653						
<015>	Study Area Na					CITY OF FAI	TH MUNIC					
<020>	Program Year					2017						
<030>			C should contac	t regarding this	s data	Judy Christ	iansen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·····	······
<035>	Contact Telep	hone Number	- Number of pe	rson identified	in data line <0	30> 4028181322	ext.					
<039>	Contact Email	Address - Ema	il Address of pe	erson identified	l in data line <0	30> jchristians	en@consortiaconsu	lting.com				
<210>	For the prio	r calendar ye	ar, were there	e any reportal	ble voice serv	ice outages?	NO					
<220>	<9>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<u><h></h></u>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	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
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Lossa Colevan	fulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391653	
<015>	Study Area Name	CITY OF FAITH MUNIC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.co	n
<300> L	Infulfilled service request (voice)	0	
<310>	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	ne of Attached Document 0	
<330>	Detail on attempts (broadband)		
		Name of Attached Document	

(400) Number of Complaints per 1	1,000 customers		FCC Form 481	
Data Collection Form			OMB Control I	to: 3060-0986/CMB Control No. 3050-0819
			July 2013	

<010>	Study Area Code	391653	
<015>	Study Area Name	CITY OF FAITH MUNIC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should conta	ct regarding this data	Thristiansen
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line	4028383322 ext.
<039>	Contact Email Address - Email Address of p <030>	person identified in data line	jchristiansen&consortiaconsulting.com
<400>	Select from the drop-down list to indicate l voice complaints (zero or greater) for voice calendar year for each service area in whice any facilities you own, operate, lease, or ot	telephony service in the prior h you are designated an ETC fo	TEREPORT TIME TIME
<410>	Complaints per 1000 customers for fixed v	oice	0.0
<420>	Complaints per 1000 customers for mobile	voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gre the prior calendar year for each service are an ETC for any facilities you own, operate,	ater) for broadband service in a in which you are designated	
<440>	Complaints per 1000 customers for fixed b	roadband	0.0
<450>	Complaints per 1000 customers for mobile	broadband	

S. 1993 S. 2.83	mpliance With Service Quality Standards and Consumer Protection Rules lection Form	FCC Form 481 CIMB Control No. 3050-0986/CMAB Control No. 3060-0819 july 2013
<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MURIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181332 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansensconsortiaconsulting.com
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes
		391653sd510.pdf

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

(700) Price Offerings including Voice Rate Data FCC Form 481 **Data Collection Form** OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data I	ine <030> jchristiansen@consortiaconsulting.com
<701>	Residential Local Service Charge Effective Date 1/1/2016	
<702>	Single State-wide Residential Local Service Charge 14.0	

<c> <703> <a1> <a2> <a3> <b1> <b2> <b3> <b4> <b5> **Residential Local** Mandatory Extended Area State Exchange (ILEC) SAC (CETC) Rate Type Service Rate State Subscriber Line Charge State Universal Service Fee Service Charge Total per line Rates and Fees - See attached worksheet

	adbrand Price Offerings lection Form				FCC Form 481 OMB Control No. 3060-098 July 2013	6/DMB Control No. 3060-0819
<010>	Study Area Code		91653			
<015>	Study Area Name		CITY OF FAITH MUNIC			
<020>	Program Year		2017			
<030>	Contact Name - Person USAC shou	ld contact regarding this data	Judy Christiansen			
<035>	Contact Telephone Number - Num	ber of person identified in data line <030>	4028181322 ext.			
<039>	Contact Email Address - Email Addr	ress of person identified in data line <030>	jchristiansen@conso	rtiaconsulting.com		

					Broadband Service -			Usage Allowance
			State Regulated		Download Speed	Broadband Service -	Usage Allowance	Action Taken When
State	Exchange (ILEC)	Residential Rate	Fees	Total Rate and Fees	(Mbps)	Upload Speed (Mbps)	(GB)	Limit Reached {select
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			worksheet -					
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Page 9

	erating Companies ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4020181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiangen@consortiaconsulting.com
<810>	Reporting Carrier City of Faith Municipal Telephone Company	

<811> Holding Company	City of Faith
<812> Operating Company	NA

<813>	<a>>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	bal Lands Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391653	
<015>	Study Area Name	CITY OF FAITH MUNIC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com	
<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
-------	---

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
- Compliance with Cultural Preservation review processes <928>
- Compliance with Tribal Business and Licensing requirements. <929>

Select Yes or No or Not Applicable Name of Attached Document

			Page
	ice and Broadband Service Rate Comparability action Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		391653
<015>	Study Area Name		CITY OF FAITH MUNIC
<020>	Program Year		2017
<030>	Contact Name - Person USAC should contact regarding this data		Judy Christiansen
	Contact Telephone Number - Number of person identified in data line <		4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jchristiansen@consortiaconsulting.com
<1010>	Attach detailed description for voice services rate comparability compliance		
			Name of Attached Document
<1020>	Broadband comparability certification		s - Pricing is no more than the most recent applicable benchmark announced b e Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance		
			Name of Attracted Design and

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ichristiansen@consortiaconsulting.com

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

Yes	
L	

<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).



<010- Study Area Code 39.553 <015- Study Area Name CITY OF PATTH HENIC <0202 Program Year 2017 <0302 Contact Name - Person USAC should contact regarding this data 2017 <0305 Contact Name - Person USAC should contact regarding this data 2017 <0305 Contact Telephone Number - Number of person identified in data line 3002 <0309 Contact Email Address - Email Address of person identified in data line 3002 <1210> Terms & Conditions of Voice Telephony Lifeline Plans isheistanseneconsortisconsulting.com <1210> Terms & Conditions of Voice Telephony Lifeline Plans 391653ad1210.pdf ''Please check these boxes below to confirm that the attached document(s), on line 1210, or the website lised, on line 1220, contains the required information pursuant to 54.422(6)(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, <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.	Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<020> Program Year 2017 <030> Contact Name - Person USAC should contact regarding this data Judy Christiannen <035> Contact Telephone Number - Number of person identified in data line <030> 402812122 ext. <039> Contact Email Address - Email Address of person identified in data line <030> inkvistiansenseconsort incomsulting.com <1210> Terms & Conditions of Voice Telephony Lifeline Plans 391653srd1210.pdf <1220> Link to Public Website HTTP "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: 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, Image: Contains in the plan,	<010>	Study Area Code	391653	
<030> Contact Name - Person USAC should contact regarding this data Judy Christiansen <035> Contact Telephone Number - Number of person identified in data line <030> 4028181322 ext. <039> Contact Email Address - Email Address of person identified in data line <030> ichristiansen <1210> Terms & Conditions of Voice Telephony Lifeline Plans 391653ed1210.pdf <1210> Link to Public Website HTTP "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, Image: Contact Con	<015>	Study Area Name	CITY OF FAITH MUN	IC
<035> Contact Telephone Number - Number of person identified in data line <030> 40281122 ext. <039> Contact Email Address - Email Address of person identified in data line <030> 1christiansenaconsortiaconsulting.com <1210> Terms & Conditions of Voice Telephony Lifeline Plans 391653ad1210.pdf <1220> Link to Public Website HTTP "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, <1222> Details on the number of minutes provided as part of the plan,	<020>	Program Year	2017	
<039> Contact Email Address - Email Address of person identified in data line <030> ichristiansen@congortiacongulting.com <1210> Terms & Conditions of Voice Telephony Lifeline Plans <1210> Link to Public Website ************************************	<030>	Contact Name - Person USAC should contact regarding this data		
<1210> Terms & Conditions of Voice Telephony Lifeline Plans <1220> Link to Public Website HTTP "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, Image: Content of the plan,	<035>	Contact Telephone Number - Number of person identified in data line <0	30> 4028181322 ext.	
<1210> Terms & Conditions of Voice Telephony Lifeline Plans <1220> Link to Public Website HTTP "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, Image: Condition of the plan, image: Conditio	<039>	Contact Email Address - Email Address of person identified in data line <0	30> jchristiansen@cons	ortiaconsulting.com
<1220> Link to Public Website HTTP "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, <1222> Details on the number of minutes provided as part of the plan,	<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	391653sdl2l0.pdf	
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,	<1220>	Link to Public Website HTTF		
telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	or the we § 54.422	ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must		
	<1221>]	
<1223> Additional charges for toll calls, and rates for each such plan.	<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.]	

Industry detection Description Description -035 Study Area Code 91453 -035 Control Constraints and Code and Constant regarding this data 91653 -035 Control Constraint and Constant regarding this data 91653 -035 Control Constraint and Connect America Phase I reporting 916611 -010 Control Connect America Phase I reporting 916611 -2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) Note that for the July 1 2016 certification 47 CFR § 54.313(b)(1)(ii) -2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) Note that for the July 1 2016 certification 47 CFR § 54.313(b)(1)(ii) -2012> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(b)(1)(iii) Note of acceptance of funding pursuant to 54.312(b)(1)(iii) -2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(b)(1)(iii). Note that for the July 1 2016 -2022> Recipient certifies, representing year two after	Data Collectio			C	CC Form 481 IMB Control No. 3060-0986/OMB Control No. 3060-0819 Jly 2013
cdbs Study Area Name City or PATTIN HOULD cdbs Program Ver 2017 cdbs Contact Name - Person UAC should ontact regarding the data 2017 cdbs Contact Name - Person UAC should ontact regarding the data 2019 cdbs Contact Name - Person UAC should ontact regarding the data 2019 cdbs Contact Name - Person UAC should ontact regarding the data 2019 cdbs Contact Name - Person UAC should ontact regarding the data 2019 cdbs Contact Name - Person UAC should contact regarding the data 2019 cdbs Contact Name / Person UAC should contact regarding the data 2010 Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental figh Cost support to offset access charge red and Connect America Phase I reporting c2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) Note that for the July 1 2016 certification at CFR § 54.313(b)(1)(i) Note that for the July 1 2015 certification at 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/(Mbps - 54.313(b)(2)(i)). Ro	menuung kate	roj-netari curriers ajjinatea with Price Cap Local Exchange Carriers		and the second	
- dyp: Program Year 2017 - dyp: Control Telephone Number - Number of pargin dentifier in data line: 3019 2017 Control Telephone Number - Number of pargin dentifier in data line: 3019 2017 Control Telephone Number - Number of pargin dentifier in data line: 3019 2017 Control Telephone Number - Number of pargin dentifier in data line: 3019 2017 Control Telephone Number - Number of pargin dentifier in data line: 3019 2017 Control Telephone Number - Number of pargin dentifier in data line: 3019 2017 Control Telephone Number - Number of pargin dentifier in data line: 3019 2016 Control Telephone Number - Number of Market Science Science Feed and Connect America Phase I reporting 2010 2011 Address of pargin Address of	***************************************				
430: Contact Name: Person USA: Board contact regarding this data July: Child			OF FAITH MUNIC		
-0332 -contact Telephone Number: Number of genon identifier in data line colory -4939/1424 rest. -0392 -contact famal Address i - famal identifier in data line colory >4939/1424 rest. -0392 -contact famal Address i - famal identifier in data line colory >29/14 is it		D	Christiansen		
-0282 Contect Email Address - Email Address of genon identified in data line 0000 _ 1=hr List Lasseshorearet Laconnul Ling, com 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 red and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(1)(i). Note that for the July 1 2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2011> 3rd Year Certification, this applies to Round 2 recipients of Incremental Support 2012> 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 2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect 2024Ab Round 2 recipients only. 2025B> Attach list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(i). Round 2 recipients only. 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- Name of Attached Document Listing Required Information	**********				
and Connect America Phase II support as set forth in 47 CFR § 54.313(b).(d).(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 <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 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 integrets only. <2023			stiansen@consortiaconsulti	ng.com	
and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(d),(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 <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 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	Select the a	annanriate responses below (Ves. No. Not Applicable) to note com	aliance as a reginight of Ind	romantal High Cost support. Hig	h Cost support to offeet access charge reductions
 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 2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 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/JMbps - 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? 2025B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. 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- 					
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<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Required Information Docket 10-90, Report and Order, FCC 13-	-202545		neq		
year three and Round 2 for year two) - Connect America Fund , WC Required Information Docket 10-90, Report and Order, FCC 13-	<2025A>	Round 1 of Round 2 Recipient of incremental Support?			
year three and Round 2 for year two) - Connect America Fund , WC Required Information Docket 10-90, Report and Order, FCC 13-	<202ED-	Attach googodod information for Dhoos I milestone	r / Pound 1 for Mar	o of Attached Decument List	ing
Docket 10-90, Report and Order, FCC 13-	<zuz2b></zuz2b>	e .	•		115
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<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		DOCKET TO-AD' KEDOLT AND OLGEL' FOC 13-			
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)					
	<2015>	2016 and future Frozen Support Certification 47 CFR § 54.	313(c)(4)		

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)}	
<2017A>	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)	

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IOS) Rate Of Return Carrier Additional Documentation FCC Form 481	28
	8
ta Collection Form OM8 Control No. 3060-0986/OM8 Control No. 3060-0929	
	藏一
July 2013	34

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

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.

Progress Report on 5 Year Plan

(3009)	Carrier certifies to 54.313(f)(1)(iii)		
		Yes - Attach Certifi	cation
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		391653sd3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	· · · · ·
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No ~ No New Community Anchors	[
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(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)	
	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 Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the	(Yes/No) 💿 🔿	
	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		
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	1	
(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		
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for		
(3023)	Telecommunications Borrowers 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		391653md3026.pdf
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	291623803026.pat

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REDACTED - FOR PUBLIC INSPECTION

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<010> Study Area Code	391653	
		juty 2013
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
(3005) Rate Of Return Carrier Additional Document	tation (Continued)	FCC Form 481

<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
100220000000000000000000000000000000000		

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

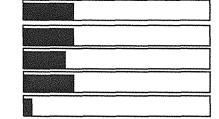
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



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(4005) Rural Broadband Experiment A	Additional Documentation	FCC Form 481		
Data Collection Form		OMB Control	No. 3060-0986/OMB Control No	. 3060-0819
		July 2013		
		and the second second second second		

<010>	Study Area Code	321653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030> 4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> johristiansen@comsortiaconsulting.com

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.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses	Name of Attached Document Listing Required Information	
of community anchor institutions to which the		
recipient newly began providing access to		
broadband service in the preceding calendar year.		
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
and and the first states of the states		

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing Nam

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 speed and data usage allowances available in the relevant geographic area.
 Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	•		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		1	July 2013

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - 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:

22

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients		
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 ecipients; 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 car	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	391653	
<015> Study Area Name	CITY OF FAITH MUNIC	

<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - 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:

I certify that (Name of Agent) <u>Consortia Consulting</u> also certify that I am an officer of the reporting carrier; my respons agent; and, to the best of my knowledge, the reports and data prov	Is authorized to submit the information reported on behalf of the reporting carrier. illities include ensuring the accuracy of the annual data reporting requirements provided to the authorized led to the authorized agent is accurate.
Name of Authorized Agent: Consortia Consulting	
Name of Reporting Carrier: CITY OF FAITH MUNIC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/24/2016
Printed name of Authorized Officer: Debbie Brown	
Title or position of Authorized Officer: Finance Officer	
Telephone number of Authorized Officer: 6059672261 ext.	
Study Area Code of Reporting Carrier: 391653	Filing Due Date for this form: 07/01/2016

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier: CITY OF FAITH MUNIC		
Name of Authorized Agent Firm: Consortia Consulting		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/24/2016		
Name of Authorized Agent Employee: Judy Christiansen		
Title or position of Authorized Agent or Employee of Agent Consultant		
Telephone number of Authorized Agent or Employee of Agent: 4028181322 ext.		
Study Area Code of Reporting Carrier: 391653 Filing Due Date for this form: 07/01/2016		
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.		