

**SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
LIFELINE/LINK UP ADVERTISING/OUTREACH
ANNUAL REPORT
JUNE 1, 2017**

Company: Northern Valley Communications, L.L.C.

Address: 2211 8th Avenue NE, Suite 1101

Aberdeen, SD 57401

Telephone number: (605) 725-1000

Company contact: Stacy Oliver

Study Area Code: 399017

Lifeline/Link Up Advertising/Outreach Activities:

 x Advertise in media of general distribution.* (See attached advertisement(s).)

 x Letter to existing and new customers regarding the availability of Lifeline/Link Up.* (See attached letter.)

 x Company's Lifeline/Link Up information in directory.

 x Company's Lifeline/Link Up information available on Company website. (www.jamesvalley.com)

 x Company's information posted on USAC website.

 Other (describe): _____

*Required

Aberdeen newspaper ad



Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. They've created a system to do just that.

Lifeline provides a \$9.25 monthly discount on home phone, cell phone or internet service to eligible low-income households. Only one discount is available per household.

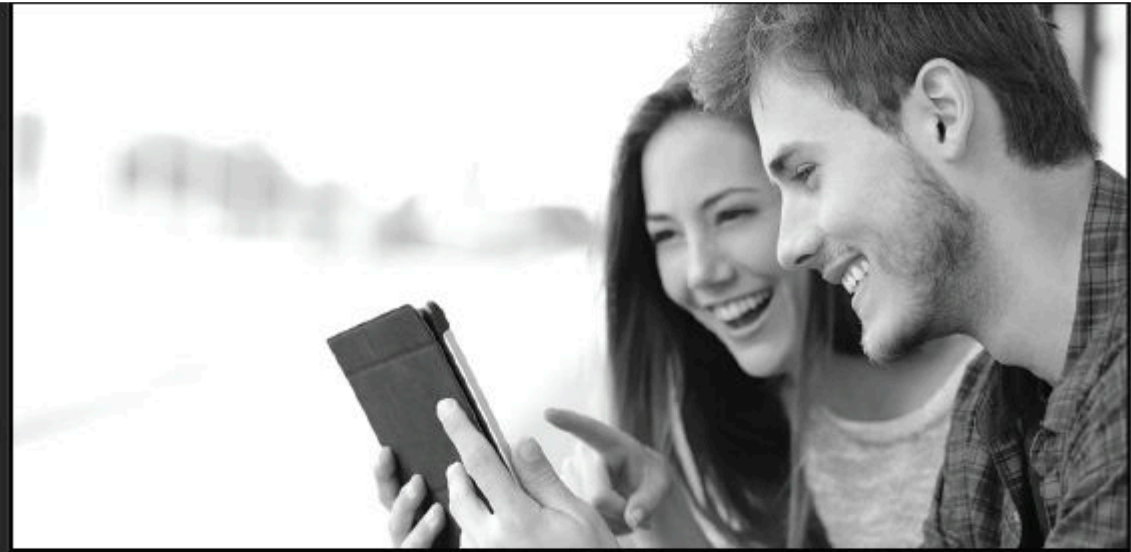
For more information or to determine eligibility, please contact us.

1812 6th Ave SE Aberdeen
1-888-919-8945

nvc.net

725-1000

Redfield newspaper ad



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nvc.net

475-1000

 **NVC** *here for life*

Northern Valley Television Ad



The **Lifeline Program** is a federal program that provides a monthly discount on landline, cell or broadband service to eligible low-income households.

If your household income is at or below 135% of the federal poverty guidelines OR you participate in federal/state assistance programs (Medicaid/SSI, etc) you may qualify for the Lifeline Program.

For more information:

James Valley Telecommunications: 605-397-2323
235 E 1st Ave, Groton

NVC: 605-725-1000/1812 6th Ave SE, Aberdeen
605-475-1000/1316 E 7th Ave, Redfield

LIFELINE ASSISTANCE APPLICATION
James Valley Wireless (399014)

Full Name _____
Last First M.I.

Address _____
Residential Address (may not be PO Box) Apartment/Unit #

Birth Date (mm/dd/yyyy) _____ Last 4 digits of Social Security # _____

Existing Phone Number _____ Head of Household Name _____

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 FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

Select Type of applicable Lifeline Service (office staff may update as necessary)

- Voice/Cell Voice/Landline Broadband (meets minimum standard)
 Bundle (both Voice and Broadband meet minimum standard)

Note: Customers receiving Lifeline assistance are required to remain with their service provider for a minimum period before they may transfer the benefit to another provider -- a 60-day "port freeze" for voice services and a 12 month "port freeze" for broadband services.

Lifeline Discount Benefit Transfer

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount under this application, you must initial the following statement:

_____ My current Lifeline service is not subject to a port freeze and I authorize James Valley Telecommunications to transfer any pre-existing discount with a different provider to my James Valley Telecommunications account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household.

Eligibility

Please identify all programs you, a dependent or another household member are currently enrolled in or if your household would like to qualify based on income based eligibility:

- Medicaid Supplemental Security Income (SSI) Federal Public Housing Assistance
 SNAP Veteran's Pension or Survivor's Pensions

If you do not participate in one or more of the programs listed, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (FPG). See table on the next page:

Consent to Provide Lifeline Subscriber Information to the National Lifeline Accountability Database (NLAD) - JVT

The Federal Communications Commission has established the National Lifeline Accountability Database (NLAD) to detect and prevent consumers from receiving more than one discounted telecommunications service under the federal Lifeline program.

Under federal law, James Valley Telecommunications is required to check this database prior to signing up Lifeline subscribers and is also required to provide the following information to the federal database's administrator:

- The Lifeline subscriber's full name;
- The Lifeline subscriber's full residential address;
- The Lifeline subscriber's date of birth;
- The last four digits of the Lifeline subscriber's social security number;
- The telephone number associated with the Lifeline service;
- The date on which the Lifeline service was initiated;
- The date on which the Lifeline service was terminated (if applicable);
- The amount of Lifeline service support being sought for the subscriber; and
- The means through which the subscriber qualified for Lifeline service (income or program-based, Medicaid, SNAP, etc).

The above information related to your Lifeline service is being provided by James Valley Telecommunications to the National Lifeline Accountability Database to verify that you, as a Lifeline applicant and/or subscriber, are not receiving more than one Lifeline benefit, and to otherwise ensure proper administration of the Lifeline program.

I, the Lifeline applicant/subscriber, acknowledge that James Valley Telecommunications will transmit to the administrator of the federal National Lifeline Accountability Database the above-referenced information about my Lifeline account and service for inclusion into the database, and hereby consent to transmission of the information for purposes allowed by law relating to administration of the Lifeline program.

I further understand that a refusal or failure to provide this consent to release my Lifeline account and service information to the administrator for inclusion in the federal National Lifeline Accountability Database will result in a denial of or de-enrollment from Lifeline service.

Signature _____ Date _____

2017 Federal Poverty Guidelines – 135%

Household Size		Household Size	
1	\$16,281	5	\$38,853
2	\$21,924	6	\$44,496
3	\$27,567	7	\$50,139
4	\$33,210	8	\$55,782

Note: Proof of program participation or income will be required to qualify. Examples include a copy of your benefit ID card, eligibility letter from the authorizing agent or the prior year's statement of benefits. Sources of income include prior year's tax return, three months of paychecks from all employers or benefit statements from retirement/pension.

Please read the following statements, initial by each certification, and sign below.

_____ I acknowledge that providing false or fraudulent statements to receive Lifeline benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program;

_____ I affirm that the information contained in this application and certification form is true and correct to the best of my knowledge;

_____ I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline, as provided for in 47 C.F.R. Section 54.409 and that I have provided any required documentation of eligibility;

_____ I understand that my household can only receive one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____ I certify that the individual named on the documentation provided, demonstrating program-based eligibility, if not me, is part of my household;

_____ I understand that Lifeline is a non-transferable benefit and that I may not transfer it to any other person;

_____ I certify that if I move to a new address, I will provide that new address to James Valley Telecommunications within 30 days;

_____ I certify that I will notify James Valley Telecommunications 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, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

_____ 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. Section 54.405(e)(4);

_____ I understand that information from this application will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility;

_____ **(Only if applicable)** I understand if I provided a temporary residential address for this application, I will be required to verify my temporary residential address every 90 days;

Signature _____ Date _____

OFFICE USE ONLY

Customer Provided Documents _____
Reviewer's Signature _____ Date _____ Application ID _____