EXHIBIT B-6

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	391682	
<015>	Study Area Name	TRI-COUNTY TELCOM	
<020>	Program Year	2018	
<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.co	m
	Form Type	54.313 and 54.422	

	vice Outage R lection Form	eporting (Void	ce)						ON	C Form 481 1B Control No. 3060 v 2013	-0986/OMB Control N	lo. 3060-0819
(010)	Chudu Area Cr					201.000						
<010>	Study Area Co					391682						
<015>	Study Area Na					TRI-COUNTY	TELCOM					
<020> <030>	Program Year	e - Person USAC	chould conta	at regarding thi	a data	2018	1					
<030>		hone Number				Judy Christ 4028181322						
<033>		Address - Ema				302	sen@consortiaconsu	lting com				
<210>	For the prio	r calendar yea	ar, were there	e any reporta	ble 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 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

(300) Unfulfilled Service Request			FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-	-0819
			July 2013	
<010> Study Area Code		391682		
<015> Study Area Name		TRI-COUNTY TELCOM		
<020> Program Year		2018		
<030> Contact Name - Person USAC should contact regardin	ng this data	Judy Christiansen		
<035> Contact Telephone Number - Number of person ident	tified in data line <030>	4028181322 ext.		
<039> Contact Email Address - Email Address of person iden	tified in data line <030>	jchristiansen@consortiaconsulting.com	om	
<300> Unfulfilled service request (voice)		0		
<310> Detail on attempts (voice)				
	Nan	ne of Attached Document		
<320> Unfulfilled service request (broadband)				
(520) Officialities service request (broadband)		0		
<330> Detail on attempts (broadband)				
		Name 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 391682	
<015>	• Study Area Name TRI-COUNTY TE	LCOM
<020>	Program Year 2018	
<030>	Contact Name - Person USAC should contact regarding	g this data Judy Christiansen
<035>	Contact Telephone Number - Number of person ident <030>	fied in data line
<039>	Contact Email Address - Email Address of person ident <030>	ified in data line jchristiansen@consortiaconsulting.com
<400>	Select from the drop-down list to indicate how you wo voice complaints (zero or greater) for voice telephony calendar year for each service area in which you are de any facilities you own, operate, lease, or otherwise uti	service in the prior Offered only fixed voice
<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 we end-user customer complaints (zero or greater) for br the prior calendar year for each service area in which an ETC for any facilities you own, operate, lease, or ot	oadband service in Offered only fixed broadband you are designated
<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	391682
<015>	Study Area Name	TRI-COUNTY TELCOM
<020>	Program Year	2018
<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
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules Yes

391682sdServiceQuality510.pdf

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

<515> Certify compliance with applicable minimum service standards

• •	unctionality in Emergency Situations Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391682	
<015>	Study Area Name	TRI-COUNTY TELCOM	
<020>	Program Year	2018	
<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	
<600>	Certify compliance regarding ability to function in emergency situations	No	
<610>	Descriptive document for Functionality in Emergency Situations	391682sdEmergencyCertification6	10.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	391682
<015>	Study Area Name	TRI-COUNTY TELCOM
<020>	Program Year	2018
<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>
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> jchristiansen@consortiaconsulting.com
	Residential Local Service Charge Effective Date 1/1/2017 Single State-wide Residential Local Service Charge 18.0	

<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
					See at	tached worksheet			
			I						1

	adbrand Price Offerings lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 3:	1682	
<015>	Study Area Name	IRI-COUNTY TELCOM	
<020>	Program Year	2018	
<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	

<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> }
				0					
				- See attacl worksheet -	ned				

	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
					July 2013
<010>	Study Area Code		391682		
<015>	Study Area Name		TRI-COUNTY TE	LCOM	
<020>	Program Year		2018		
<030>	Contact Name - Person	JSAC should contact regarding this data	Judy Christia		
<035>		ber - Number of person identified in data line <030>	4028181322 ex	¢t.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jchristianse	n@consortiaconsulting	.com
<810>	Reporting Carrier	TrioTel Communications - Tri-County			
<811>	Holding Company	Not Applicable			
<812>	Operating Company	TrioTel Communications, Inc.			
		· · ·			
<813>		<a1></a1>		<a2></a2>	<a3></a3>
		Affiliates		SAC	Doing Business As Company or Brand Designation
			See atta	ached workshe	et

(900) Tribal Land Data Collection F			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<015> Study A <020> Program		391682 TRI-COUNTY TELCOM 2018 Judy Christiansen	
<035> Contac	tt Name - Person USAC should contact regarding this data tt Telephone Number - Number of person identified in data line <030> tt Email Address - Email Address of person identified in data line <030>	4028181322 ext. jchristiansen@consortiaconsulting.com	
	the filing entity offer tribal land services? (Y/N)	No	
:910> Tribal	Land(s) on which ETC Serves		
920> Tribal	Government Engagement Obligation		
o confirm the s	y serves Tribal lands, please select (Yes,No, NA) for each these boxes status described on the attached PDF, on line 920, oordination with the Tribal government pursuant to ncludes:	Name of Attached Doc Select Yes or No or Not Applicable	ument
comm 922> Feasib 923> Mark 924> Comp 925> Comp	s assessment and deployment planning with a focus on Tribal hunity anchor institutions. bility and sustainability planning; seting services in a culturally sensitive manner; bliance with Rights of way processes bliance with Land Use permitting requirements bliance with Facilities Siting rules		

<927>

<928>

Compliance with Environmental Review processes Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

Page 10

(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		391682
<015>	Study Area Name		TRI-COUNTY TELCOM
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <03	30>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <0.	30>	jchristiansen@consortiaconsulting.com
<1000>	Voice services rate comparability certification Attach detailed description for voice services rate comparability compliance	Yes	
<1020>	Broadband comparability certification		Name of Attached Document - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance		

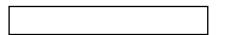
Name of Attached Document

(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	391682
<015>	Study Area Name	TRI-COUNTY TELCOM
<020>	Program Year	2018
<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

Yes

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

<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the
11502	reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps
	upstream within the supported area pursuant to § 54.313(g).



Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		391682
<015>	Study Area Name		TRI-COUNTY TELCOM
<020>	Program Year		
<030>	Contact Name - Person USAC should contact regarding this data		2018 Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data l	ine <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data		jchristiansen@consortiaconsulting.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		391682sdlifeline1210.pdf Name of Attached Document
<1220>	Link to Public Website	HTTP	
or the we § 54.422	"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,	 	
<1223>	Additional charges for toll calls, and rates for each such plan.	 ✓ 	

(2005) Price Cap Carrier Additional Documentation			FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	391682	
<015>	Study Area Name	TRI-COUNTY TELCOM	
<020>	Program Year	2018	
<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	

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

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the
	July 2017 certification, this applies to Round 2 recipients of
	Incremental Support.

- <2022> Recipient certifies, representing year three 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 three - 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 three 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).

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

of		
	Name of Attached Document Listing Required Information	
	Name of Attached Document Listing Required Information	

Data Collection F		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
Including Rale-0j-	-Return Carriers affiliated with Price Cap Local Exchange Carriers	5019 2025		
Price Ca	p Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	Certification support used to build broadband			
Connect	America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	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)(1)(ii)(A)	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)(1)(ii)(C)			

_

<010>	Study Area Code	391682
<015>	Study Area Name	TRI-COUNTY TELCOM
<020>	Program Year	2018
<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

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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)			
		v	es - Attach Certific	ration
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	-		391682sdPublicInterest3010B.pdf
(3010B)	Please Provide Attachment	Name of Attached Docu Information	iment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors	
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ument Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	\odot \bigcirc	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	\bullet \circ	
	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			391682sd3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	iment 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) with Balance Sheet, Income Statement and Statement of Cash Flows
- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

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

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

<010>	Study Area Code	391682
<015>	Study Area Name	TRI-COUNTY TELCOM
<020>	Program Year	2018
<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

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



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

<010>	Study Area Code	391682
<015>	Study Area Name	TRI-COUNTY TELCOM
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> jchristiansen@consortiaconsulting.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 (paragraph 80)

4004a. Attach a list of geocoded locations to

 which broadband has been deployed as of the

 June 1st immediately preceding the July 1st filing

 Name of Attached Document Listing Required Information

 deadline for the FCC Form 481.

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 N 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 July 2013	
<010>	Study Area Code	391682	
<015>	Study Area Name	TRI-COUNTY TELCOM	
<020>	Program Year	2018	
<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.	
<020>	Contact Email Address - Email Address of person identified in data line <020	i-bui-ti-mm@muti1ti-m	

<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:

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:				

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	391682	
<015>	Study Area Name	TRI-COUNTY TELCOM	
<020>	Program Year	2018	
<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:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Consortia Consulting 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: Consortia Consulting Name of Reporting Carrier: TRI-COUNTY TELCOM Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/08/2017 Printed name of Authorized Officer: Bryan Roth Title or position of Authorized Officer: General Manager/CEO Telephone number of Authorized Officer: 6054252238 ext. Filing Due Date for this form: 07/03/2017 Study Area Code of Reporting Carrier: 391682 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:

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.							
me of Reporting Carrier: TRI-COUNTY TELCOM							
me of Authorized Agent Firm: Consortia Consulting							
nature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/08/2017							
me of Authorized Agent Employee: Judy Christiansen							
le or position of Authorized Agent or Employee of Agent Consultant							
lephone number of Authorized Agent or Employee of Agent: 4028181322 ext.							
Idy Area Code of Reporting Carrier: 391682 Filing Due Date for this form: 07/03/2017							
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.							