Redacted – For Public Inspection

EXHIBIT B

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

FCC For	m 481 - Carrier Annual Reporting Data Collection Form	Redacted- For Public Inspection	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391676	
<015>	Study Area Name	Santel Communications Cooperative	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Donna Spier	
<035>	Contact Telephone Number: Number of the person identified in data line <030	6057968120 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	dspier@santel.coop	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop
<210>	For the prior calendar year, were there any reportable voice service or	utages? 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									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date		Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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	fulfilled Service Request ection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	l No. 3060-0819
<010>	Study Area Code		391676			
<015>	Study Area Name		Santel Communications Cooperative			
<020>	Program Year		2018			
<030>	Contact Name - Person USAC should contact regarding th	is data	Donna Spier			
<035> Contact Telephone Number - Number of person identified in data line <030>		6057968120 ext.				
<039> Contact Email Address - Email Address of person identified in data line <030>			dspier@santel.coop			
<300> U	infulfilled service request (voice)		0			
<310> [Detail on attempts (voice)					
		Nam	e of Attached Document			
<320>	Unfulfilled 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	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	ct regarding this data Donna Spier
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line 6057968120 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line dspier@santel.coop
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	telephony service in the prior Offered only fixed voice hyou are designated an ETC for
<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 grethe prior calendar year for each service ar an ETC for any facilities you own, operate,	ater) for broadband service in Offered only fixed broadband ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	roadband 0.0
<450>	Complaints per 1000 customers for mobile	broadband

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	391676				
<015>	Study Area Name	Santel Communications Cooperative				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier				
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop				
<500>	<500> Certify compliance with applicable service quality standards and consumer protection rules Yes					
		391676SD510.pdf				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	<515> Certify compliance with applicable minimum service standards					

Data Co	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391676	
<015>	Study Area Name	Santel Communications Cooperative	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop	
<600>	Certify compliance regarding ability to function in emergency situations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations	391676SD610.pdf	

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FCC Form 481

(600) Functionality in Emergency Situations

(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	391676	
<015> Study Area Name	Santel Communications Cooperative	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Donna Spier	
<035> Contact Telephone Number - Number of person identified in data	line <030> 6057968120 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> dspier@santel.coop	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<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
					0	4 a a la a al a al . a la a a 4			
					See at	tached worksheet			
									+

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	91676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop

<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 (select)
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				_					
•				- See attac worksheet -	hed				
-				Worksheet					
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(800) Op	erating Companies			FCC Form 481
Data Col	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
				·
<010>	Study Area Code		391676	
<015>	Study Area Name		Santel Communications Cooperative	
<020>	Program Year		2018	
<030>	Contact Name - Person l	USAC should contact regarding this data	Donna Spier	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	6057968120 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	dspier@santel.coop	
<810>	Reporting Carrier	Santel Communictions Cooperative		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	None		

813> _	<a1></a1>	<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
401.0×	Shirth Assa Code	391676	
<010> <015>	Study Area Name	Santel Communications Cooperative	
<020>	Study Area Name Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop	
<900>	Does the filing entity offer tribal land services? (Y/N)	Yes	
<910>	Tribal Land(s) on which ETC Serves	Our ETC serves one-half of a percent of 665 square in that area of which we already serve.	e miles of Yankton Sioux Reservation. There is one household
<920>	Tribal Government Engagement Obligation	391676SD920.pdf	

Name of Attached Document

to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes

Select
Yes or No or
Not Applicable

		Redacted	d- For Public Inspection		Page 11
(1000) V	pice and Broadband Service Rate Comparability		·	FCC Form 481	
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-08	319
				July 2013	
<010>	Study Area Code		391676		
<015>	Study Area Name		Santel Communications Cooperate	ve	
<020>	Program Year		2018		
<030>	Contact Name - Person USAC should contact regarding this data		Donna Spier		
<035>	Contact Telephone Number - Number of person identified in data lin		6057968120 ext.		
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	dspier@santel.coop		
<1000>	Voice services rate comparability certification	Yes	3		
<1010>	Attach detailed description for voice services rate comparability compliance	3916	76SD1010.pdf		
			Name of Attached Do	cument	
<1020>	Broadband comparability certification	No			
<1030>	Attach detailed description for broadband comparability compliance	39167	76SD1030.pdf		
			Name of Attached Do	cument	

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-	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015>	Study Area Code Study Area Name	391676 Santel Communications Cooperative
<020> <030> <035> <039>	Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Donna Spier 6057968120 ext. dspier@santel.coop
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<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 upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) Terms and Condition for Lifeline Customers	FCC Form 481	
Lifeline	OMB Control No.	3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013	
<010> Study Area Code	391676	
<015> Study Area Name	Santel Communications Cooperative	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Donna Spier	
<035> Contact Telephone Number - Number of person identified in data line		
<039> Contact Email Address - Email Address of person identified in data line	030> dspier@santel.coop	
	391676SD1210.pdf	
	3910703D1210.pd1	
<1210> Terms & Conditions of Voice Telephony Lifeline Plans		
	Name of Attached Doo	ument
<1220> Link to Public Website HT	P www.santel.net/support/lifeline.html	
"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:		
THE STATE OF THE S		
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 Collection 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	391676	
<015>	Study Area Name	Santel Communications Cooperative	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop	

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		
<2023>	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
<2024A>	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. Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year	Name of Attached Document Listing	
<2025A>	three - 54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?	Required Information	
<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).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap	Carrier Additional Documentation	FCC Form 481	
Data Collection F	Form		3060-0986/OMB Control No. 3060-0819
Including Rate-of-	Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
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)		

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(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop

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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)				
			Yes - At	tach Certific	ation
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}				391676SD3010.pdf
(3010B)	Please Provide Attachment	Name of Attached D Information	ocument Lis	sting Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Yes - Attach New Co	ommunity Ar	nchors	391676SD3012.xlsm
(3012B)	Please Provide Attachment	Name of Attached D	ocument Lis	sting Required	37107002331211125
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	•	0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	lacktriangle	O	
(3015)	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: Electronic copy of their annual RUS reports (Operating Report for Telecommunications			v	
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			V	391676SD3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached D Information	Oocument Lis	sting 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)	0	0	
(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 D	Oocument Lis	sting Required	

	Redacted- For Public Inspection
(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop

ettal para e	
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	

Santel Communications Cooperative (SAC 391676) Attachment Line 3017

Financial Reports

Pursuant to 47 C.F.R. 54.313(f)(2)

ATTACHEMENT REDACTED IN ENTIRETY

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

<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 6057968120 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> dspier@santel.coop

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.

speed and data usage allowances available in the

relevant geographic area.

7 7,		
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 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 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	

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

<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Santel Communications Cooperative

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

391676

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.

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	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Spier
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968120 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dspier@santel.coop

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) is authorized to submit the information reported on behalf of the reporting carrie 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 fo	n 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.				
Name	of Reporting Carrier:			
Name	of Authorized Agent Firm:			
Signat	ture of Authorized Agent or Employee of Agent:	Date:		
Name	of Authorized Agent Employee:			
Title o	or position of Authorized Agent or Employee of Age			
Telepł	hone number of Authorized Agent or Employee of	nt:		
Study Area Code of Reporting Carrier:		Filing Due Date for this form:		
	Persons willfully making false statements on this fo	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment und 18 of the United States Code, 18 U.S.C. § 1001.	ler Title	