EXHIBIT B

Attached are (1) a copy of Kennebec Telephone Co., Inc.'s FCC Form 481 as required by 47 C.F.R. §54.313 and 54.422; and (2) a copy of the Company's five-year service quality improvement plan as on file with the FCC.

FCC Foi	rm 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	391668	
<015>	Study Area Name	KENNEBEC TEL CO	
<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	mo
	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

Data Colle	ection Form									1B Control No. 3060 v 2013	-0986/OMB Control N	o. 3060-0819
<010>	Study Area Co	ode				391668						
<015>	Study Area Na					KENNEBEC TE	T. CO					
<020>	Program Year					2018	2 00					
<030>			C should contac	t regarding this	s data	Judy Christ	iangen					
<035>			- Number of pe			400040400						
<039>			il Address of pe				en@consortiaconsu	lting com				
								101119.00111				
<210>	For the prior	r calendar yea	ar, were there	e any reportal	ole voice serv	ice outages?	No			<u></u>		
<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	_	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 Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	391668	
<015> Study Area Name	KENNEBEC TEL CO	
<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	0> 4028181322 ext.	
<039> Contact Email Address - Email Address of person identified in data line <03	0> jchristiansen@consortiaconsulting.com	
<300> Unfulfilled service request (voice)	0	
<310> Detail on attempts (voice)		
	Name 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	391668	
<015>	Study Area Name	KENNEBEC TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should conta	ct regarding this data	Christiansen
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line	4028181322 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 voice complaints (zero or greater) for voice calendar year for each service area in whice any facilities you own, operate, lease, or of	telephony service in the prior hyou are designated an ETC fo	
<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 are an ETC for any facilities you own, operate,	ater) for broadband service in 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 lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391668	
<015>	Study Area Name	KENNEBEC TEL CO	
<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 pr	otection rules Yes	
		391668sdServiceQuality510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection R	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
	July 2013

<010>	Study Area Code	391668
<015>	Study Area Name	KENNEBEC TEL CO
<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	Yes
<610>	Descriptive document for Functionality in Emergency Situations	391668sdEmergencyCertification610.pdf

	ice Offerings including Voice Rate Data llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391668	
<015>	Study Area Name	KENNEBEC TEL CO	
<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	
	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>
	C) a l	5 de (U.50)	CAC (CETC)	B	Residential Local	Charles the alternative Charles	01-1-11-1	Mandatory Extended Area	T. I. I P B. I I F
	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			
						iaciica womenco			
									†
									1

(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	91668
<015>	Study Area Name	KENNEBEC TEL CO
<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 {select }
				 See attack worksheet - 	hed				
				, romanio					

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		391668
<015>	Study Area Name		KENNEBEC TEL CO
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<810>	Reporting Carrier	Kennebec Telephone Company	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	NA	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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(900) Trik	bal Lands Reporting		FCC Form 481
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
:040:		391668	
<010>	Study Area Code	KENNEBEC TEL CO	
<015>	Study Area Name	2018	
<020>	Program Year	Judy Christiansen	
<030>	Contact Name - Person USAC should contact regarding this data	4028181322 ext.	
<035>	Contact Telephone Number - Number of person identified in data line <030>	jchristiansen@consortiaconsulting.com	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcnristiansen@consortiaconsulting.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	Yes	
<910>	Tribal Land(s) on which ETC Serves	Lower Brule Reservation	
<920>	Tribal Government Engagement Obligation	391668sdTribal1920.pdf Name of Attached Doc	

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
Yes
Yes

				1 460 1
(1000) V	oice and Broadband Service Rate Comparability			FCC Form 481
Data Col	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		391668	
<015>	Study Area Name		KENNEBEC TEL CO	
<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.co	om
<1000>	Voice services rate comparability certification	Yes		
	• •			
<1010>	Attach detailed description for voice services rate			
	comparability compliance			
			Name of Attached Documer	nt
-1020	Duna dha a dha a ann an h-ilita a a at-iùin at i a a		- Pricing is no more than the Wireline Competition Bureau	e most recent applicable benchmark announced by
<1020>	Broadband comparability certification	ciie	wireline competition bureau	
<1030>	Attach detailed description for broadband			
110307	comparability compliance			
	,			
			Name of Attached Docume	nt

(4400)			
	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	391668	
<015>	Study Area Name	KENNEBEC TEL CO	
<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@consortiaconsult	ing.com
<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	

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB 0 July 2013	Control No. 3060-0819
<010>	Study Area Code		391668	
<015>	Study Area Name		KENNEBEC TEL CO	
<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 lin	ie <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data lii	ne <030>	jchristiansen@consortiaconsulting.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		391668sdlifeline1210.pdf Name of Attached Document	
<1220>	Link to Public Website	НТТР —		
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391668	
<015>	Study Area Name	KENNEBEC TEL CO	
<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.	<u></u>	
<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.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Required information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
\ 2013\	2010 and fatale 1102en Support certification 47 Critis 34.313(c)(4)		

(2005) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband 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)		

(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	391668
<015>	Study Area Name	KENNEBEC TEL CO
<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.

(5.5.00)	Progress Report on 5 Year Plan			
(3009)	Carrier certifies to 54.313(f)(1)(iii)	77.	1 0151	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	Yе	es - Attach Certific	391668sdPublicInterest3010B.pdf
(3010B)	Please Provide Attachment	Name of Attached Docur Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community A	Anchors	
(3012B)	Please Provide Attachment	Name of Attached Docur	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	O O	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	\odot \bigcirc	
(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		·	
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		~	391668sd3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docur Information	ment 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	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: 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 Docur Information	ment Listing 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	391668
<015>	Study Area Name	KENNEBEC TEL CO
<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

Singuisial Data Communica	
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	
(5555) Total Equity	
(3034) Dividends	

(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	391668
<015>	Study Area Name	KENNEBEC TEL CO
<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 lin	ne <030> 4028181322 ext.
<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.

speed and data usage allowances available in the

relevant geographic area.

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.

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 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 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	391668
<015>	Study Area Name	KENNEBEC TEL CO
<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 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:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer: ext.

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391668
<015>	Study Area Name	KENNEBEC TEL CO
<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:

I certify that (Name of Agent) Consortia Consulting is authorized to submit the information reported on behalf of the reporting carrier. 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: KENNEBEC TEL CO			
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/13/2017		
Printed name of Authorized Officer: Rod Bowar			
Title or position of Authorized Officer: President/Manager			
Telephone number of Authorized Officer: 6058692220 ext.			
Study Area Code of Reporting Carrier: 391668	Filing Due Date for this form: 07/03/2017		

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 Authorized Agent Firm: Consortia Consulting			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/13/2017	
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: 391668 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 18 of the United States Code, 18 U.S.C. § 1001.	.S.C. §§ 502, 503(b), or	fine or imprisonment under Title	