

FCC Form 481 - Carrier Annual Reporting Data Collection Form FCC Form 481
OMB Control No: 3060-0286/OMB Control No: 3060-0819
July 2013

<010>	Study Area Code	391688
<015>	Study Area Name	WESTERN TEL CO.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Janelle Jessen
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6058522224
<039>	Contact Email Address: Email of the person identified in data line <030>	janellej@venture.coop

ANNUAL REPORTING FOR ALL CARRIERS <418> Completion Required **<419> Completion Required**

			(check box when complete)	
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> ← check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	4.0		
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<u>Line 510-FCC Form 481-No Comp</u> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<u>Line 610-FCC Form 481 - waste</u> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability <i>(check to indicate certification)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<input type="checkbox"/> <i>(attach descriptive document)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>