Study Area Code 399009		m 481 - Carrier Annual Reporting illection Form	FCC Form 481 OMB Control No July 2013	. 3060-0986/OMB Control No. 3060-0819
2015 Study Area Mame 2020 Program Year 2030 Contact Rame: Person USAC should contact with questions about this data 2035 Contact Telephone Number: Number of the person identified in data line <0300 2039 Contact Email Address: India data line <0300 2030 Unique Reporting For ALL CARRIERS 2031 Completion Required (locate board worksheer)	<010>	Study Area Code 399009	_	
Contact Telephone Number: Number of the person identified in data line <030> Contact Email Address: Email of the person identified in data line <030> Tyul.tuseevified Tyul.	<015>	Study Area Name BROOKINGS MUNIC	IPAL UTILITIES D/B/A SWIFTEL COMMU	NICATIONS
with questions about this data 4035> Contact Telephone Number: Number of the person identified in data line <0300- 405-692-6325 ANNUAL REPORTING FOR ALL CARRIERS Completion Required ANNUAL REPORTING FOR ALL CARRIERS ANNUAL REPORTING FOR ALL CARRIERS Completion Required Required Completion Required R	<020>	Program Year 2014	en mae space e	
Number of the person identified in data line <030> 13u1susewifte1-bms.com Email of the person identified in data line <030> 13u1susewifte1-bms.com Email of the person identified in data line <030> 13u1susewifte1-bms.com Email of the person identified in data line <030> 2.300 Ungette citached worksheer) <a href="Complete of the person identified in data line <030">Complete of the person identified in data line <030> 2.300 Unfuffilled Reporting (voice)	<030>			
Email of the person identified in data line <030> Setable Completion Complet	<035>			
ANNUAL REPORTING FOR ALL CARRIERS Completion Completion Completion Completion Completion Completion Complete attached worksheet)	<039>		el-bmu.com	
ANNUAL REPORTING FOR ALL CARRIERS Required Required				
 Service Quality Improvement Reporting Outage Reporting (voice) Complete attached worksheet) Unfulfilled Service Requests (voice) Detail on Attempts (voice) Detail on Attempts (voice) Cottach descriptive document) Cottach descr	ANNUA	L REPORTING FOR ALL CARRIERS		
Variable	<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
Sample Company Price Offerings (voice) Company Price Offerings (Voic	<200>	Outage Reporting (voice)	(complete attached worksheet)	✓ ✓
Service Quality Standards & Consumer Protection Rules Compliance Check to indicate certification Comparty Price Offerings (VnN)? Operating Companies and Affiliates Comparty Price Offerings (VnN)? Operating Companies and Affiliates Complete attached worksheet C	<210>	< check box if no outages to rep	ort	70.
Sarvice Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Fixed Mobile Sarvice Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Fixed Mobile Sarvice Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Fixed Mobile Sarvice Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Fixed Mobile Sarvice Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Fixed Mobile Sarvice Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Fixed F	<300>	Unfulfilled Service Requests (voice)		
Adobate of Complaints per 1,000 customers (voice) Adobate of Fixed	<310>	Detail on Attempts (voice)	(attach descriptive document)	
Auto- Number of Complaints per 1,000 customers (voice)	<320>	Unfulfilled Service Requests (broadband)		
Service Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Complete Standard Standards & Consumer Protection Rules Compliance Complete Standard Standards & Consumer Protection Rules Compliance Complete Standard Standards & Consumer Protection Rules Compliance Consumer Standards & Consumer	<330>	Detail on Attempts (broadband)	(attach descriptive document)	
Service Quality Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Check to Indicate certification Complete Standards & Consumer Protection Rules Compliance Complete Standard Standards & Consumer Protection Rules Compliance Complete Standard Standards & Consumer Protection Rules Compliance Complete Standard Standards & Consumer Protection Rules Compliance Consumer Standards & Consumer	<400>	Number of Complaints per 1,000 customers (voice)		/ /
Number of Complaints per 1,000 customers (broadband) 440> Fixed 450> Mobile Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (feheck to indicate certification) (company Price Offerings (voice) (company Price Offerings (voice) (company Price Offerings (broadband) (complete attached worksheet) (company Price Offerings (y/N)? (poperating Companies and Affiliates (complete attached worksheet) (check to indicate certification) (complete attached worksheet)	<410>	Fixed 0.0		
<440> Fixed Mobile <500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (check to indicate certification) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (check to indicate certification) (check to indicate certification) (check to indicate certification) (check to indicate certification) (check	<420>	1 O DOMEST PROPERTY OF THE STATE OF THE STAT		
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Company Price Offerings (voice) Company Price Offerings (broadband) Complete attached worksheet) Company Price Offerings (broadband) Complete attached worksheet) Company Price Offerings (Y/N)? Offerings (Y/N)	<450>	Mobile []		
<600> Functionality in Emergency Situations (check to Indicate certification) <610> 399009SD610 (attached descriptive document) <700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete attached worksheet) <1000> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) (attach descriptive document) (1010> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) (1110> Terrestrial Backhaul (Y/N)? (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet) <2000> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)	<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	1 1
<610> 399009SD510 (attached descriptive document) <700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete attached worksheet) <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1010> (attach descriptive document) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (check to indicate certification) (check to indicate certification) (check to indicate certification)	<510>	399009SD510	(attached descriptive document)	
<700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete ottached worksheet) (differings (Y/N))? (if yes, complete attached worksheet) <	<600>	Functionality in Emergency Situations	(check to Indicate certification)	1 1
<710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete attached worksheet) <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1010> (attach descriptive document) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (complete attached			(attached descriptive document)	/ /
<800> Operating Companies and Affiliates (complete attached worksheet) <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1010> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1100> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (complete attached worksheet) (complete attached worksheet) (check to indicate certification) (complete attached worksheet)			(complete attached worksheet)	
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<1000> Voice Services Rate Comparability (check to indicate certification) <1010> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (complete attached worksheet) (check to indicate certification) (check to indicate certification) (check to indicate certification)			ROD 20 LOS 20 RO 10 PAGE 1 AVI.	
<1010> (attach descriptive document) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)		The second second second second and the second seco		
<1100> Terrestrial Backhaul (Y/N)?		voice Services Rate Comparability		4444
<1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)		Terrestrial Backhaul (V/N)?		
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)		Terresultal backlious (1/14):		
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<2000> (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (complete attached worksheet)				
<2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)	~2000-	including kate-oj-keturn Carriers affiliated with Price Cap Local Exch	F2 977 06 PC 196 U 179 V 11	
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)				
<3000> (check to indicate certification)	-20007		teoretic ottorneo worksneet/	
		Rate of Return Carriers, Proceed to ROR Additional Documentation	Worksheet	
<3005> (complete attached worksheet)	<3000>		(check to indicate certification)	
	<3005>		(complete attached worksheet)	

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	ervice Quality Improvement Reporting Ollection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name BROOKINGS MUNIC	IPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data Laura Ju	lius
<035>	Contact Telephone Number - Number of person identified in data line <030> 605-69	2-6325
<039>	Contact Email Address - Email Address of person identified in data line <030> 1juli	is@swiftel-bmu.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) O O
<111>	year plan" filed with the FCC?	(yes / no) O
<112>	voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your comparCETC which only receives frozen support, your progress report is only required to address voice telephony service.	ıy is a
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire	Name of Attached Document (.pdf)
	center level or census block as appropriate.	
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
	Provide an explanation of network improvement targets not met	

(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	399009		
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius		
<035>	Contact Telephone Number - Number of person identified in data line <030> 605-692-6325			
<039>	Contact Email Address - Email Address of person identified in data line <030> ljulius@swiftel-bmu.com			

<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	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
		Date	7111100	Date	11116	Customers Affected	Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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AND DESCRIPTION OF THE PERSON NAMED IN	ice Offerings including Voice Rate Data Section Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399009	
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUN	NICATIONS
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius	
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-692-6325	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com	Single Co.
<701>	Residential Local Service Charge Effective Date 1/1/2013		

<702> Single State-wide Residential Local Service Charge

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs><</bs>	*
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge		Mandatory Extended Area Service Charge	Total per line Rates and Fe
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 605-692-6325
<039>	Contact Email Address - Email Address of person identified in data line <0	30> ljulius@swiftel-bmu.com

<a1></a1>	<82>	<b1></b1>	<b2></b2>	<	<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 Whei Limit Reached (selec
A 200 (02/2)							40.202	

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		6-	#					
			e attached sheet	2				
	.es	**OIR				4.00		
			- 100					

(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		399009		
<015>	Study Area Name		BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS		
<020>	Program Year		2014		
<030>	Contact Name - Person	USAC should contact regarding this data	Laura Julius		
<035>	Contact Telephone Number - Number of person identified in data line <030> 605-692-6325				
<039>	Contact Email Address -	ess - Email Address of person identified in data line <030> ljulius@swiftel-bmu.com			
<810>	Reporting Carrier	Brookings Municipal Utilities dba Sw	iftel Communications		
<811>	Holding Company	N/A			
<812>	Operating Company	N/A			

<a1></a1>	<a2></a2>	<a3></a3>
 Affiliates	SAC	Doing Business As Company or Brand Designation
	See attached workshe	et
		0.40.200

	bal Lands Reporting lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399009		
<015>	Study Area Name	BROOKINGS MUN	ICIPAL UTILITIES D/B/	A SWIFTEL COMMUNICATIONS
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius	3	
<035>	Contact Telephone Number - Number of person identified in data line	111110000000000000000000000000000000000	Company Control Control	
<039>	Contact Email Address - Email Address of person identified in data line	ne <030> 1juliu	s@swiftel-bmu.com	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation	-		
1320	Thou obtained angulation obligation	7	Name of Attached Do	rument (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes 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:			
		Select (Yes,No, NA)		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	IIIII		
<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.			
\J \J\	Compliance with tribal business and deensing requirements.			

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-692-6325
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the 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 ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		399009	
<015>	Study Area Name		BROOKINGS MUNICIPAL UTILITIES D/B/	A SWIFTEL COMMUNICATIONS
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Laura Julius	1 10 10 10 10 10 10 10 10 10 10 10 10 10
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>	605-692-6325	
<039>	Contact Email Address - Email Address of person identified in data	line <030	ljulius@swiftel-bmu.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	1	lame of attached document (.pdf)	w
<1220>	Link to Public Website	НТТР	swiftel.net/voice/sales-and-support	
	"Please check these boxes below to confirm that the attached PDF, 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,	1		
<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.	\checkmark		

	rice Cap Carrier Additional Documentation		FCC Form 481
The state of the s	lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
//			
<010>	Study Area Code 39	9009	
<015>	Study Area Name BF	OOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS	
<020>	Program Year 20	14	
<030>	Contact Name - Person USAC should contact regarding this data La	ura Julius	
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-692-6325	1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com	
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Amer		
	support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached b	below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	- 10 12-10 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15		
<2011>			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap 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))		
<2017>	The state of the Committee of the state of t		
<2018>			\vdash
	발생님이 15 시간에 대한 경기를 되었다고 있다고 있었다. 이번에 대한 경기를 보고 있다고 있는 것이 되었다. 그렇게 되었다고 있다고 있는 것이 없는 것이 없는 것이 없다고 있다. 그렇게 되었다. 그		
<2019>	Please check the box to confirm that the attached PDF, on line 2021,		
<2019>			
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a r		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a r of CAF Phase II support shall provide the number, names, and addresse	es of	
	contains the required information pursuant to § 54,313 (e)(3)(ii), as a r of CAF Phase II support shall provide the number, names, and addresse community anchor institutions to which began providing access to broad	es of	
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a r of CAF Phase II support shall provide the number, names, and addresse community anchor institutions to which began providing access to brosservice in the preceding calendar year.	es of	

	ate Of Return Carrier Additional Documentation lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
- <010>	Study Area Code 399009		
<015>	Study Area Name BROOKING	S MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNIC	ATIONS
<020>	Program Year 2014		
<030>		05-692-6325	· · · · · · · · · · · · · · · · · · ·
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com	
CHECK	the boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § \$4.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents atta	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification $\{47\ CFR\ \S\ 54.313(f)(1)(i)\}$ Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report 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:	Name of Attached Document Listing Required Information	(Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
2457227	If the response is yes on line 3014, attach your company's RUS annual		
(3017)	report and all required documentation	Name of Attached Document Listing Required Information	√ (Yes/No)
	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		
(3019)	: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		7
(3022)	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: 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		
(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying Information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	399009SD3026
		н от при в при В при в п	

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	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data Laura Julius
<035>	Contact Telephone N	number - Number of person identified in data line <030> 605-692-6325
<039>		ss - Email Address of person identified in data line <030> ljulius@swiftel-bmu.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: BROOKINGS MUNICIPAL UTILITIES D/B/A SWIPTEL COMMUNICATIONS

Signature of Authorized Officer: CERTIFIED ONLINE

Date

Printed name of Authorized Officer: Steve Meyer

Title or position of Authorized Officer: Executive Vice President / General Manager

Telephone number of Authorized Officer: 605-692-6325

Study Area Code of Reporting Carrier:

399009

Filing Due Date for this form: 10/15/2013

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	
399009		

<010>	Study Area Code	399009		
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS		
<020>	Program Year	2014		
<030>	Contact Name - Person US	SAC should contact regarding this data Laura Julius		
<035>	Contact Telephone Numb	stact Telephone Number - Number of person identified in data line <030> 605-692-6325		
<039>	Contact Email Address - E	mail Address of person identified in data line <030> ljulius@swiftel-bmu.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)	is authorized to submit the information reported on behalf of the reporting
	ponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the auth
agent; and, to the best of my knowledge, the reports and	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:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	thorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
	ed to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I orting carrier; and, to the best of my knowledge, the information reported herein is accurate.	nave provided
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ager		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Telephone number of Authorized Agent or Employee of Agen Study Area Code of Reporting Carrier:		ent