

## EXHIBIT C

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

USAC filed FCC Form 481 non-confidential data is attached in a redacted version. Confidential financial statements have been provided under separate file.

<b>FCC Form 481 - Carrier Annual Reporting</b>	<b>FCC Form 481</b>
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<b>&lt;010&gt;</b>	Study Area Code	391676
<b>&lt;015&gt;</b>	Study Area Name	Santel Communications Cooperative
<b>&lt;020&gt;</b>	Program Year	2015
<b>&lt;030&gt;</b>	Contact Name: Person USAC should contact with questions about this data	Stacy Buckley
<b>&lt;035&gt;</b>	Contact Telephone Number: Number of the person identified in data line <030>	6057968105 ext.
<b>&lt;039&gt;</b>	Contact Email Address: Email of the person identified in data line <030>	sbuckley@santel.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b>	<b>54.422</b>
	<b>Completion Required</b>	<b>Completion Required</b>

			(check box when complete)	
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;200&gt;</b>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;210&gt;</b>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;310&gt;</b>	Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;330&gt;</b>	Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;410&gt;</b>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;420&gt;</b>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;440&gt;</b>	Fixed	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;450&gt;</b>	Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;510&gt;</b>	391676SD510.pdf	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;600&gt;</b>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;610&gt;</b>	391676SD610.pdf	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;700&gt;</b>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;710&gt;</b>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;800&gt;</b>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)?	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1010&gt;</b>	391676sd1010.pdf	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1100&gt;</b>	Terrestrial Backhaul (Y/N)?	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1110&gt;</b>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input 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*

<b>&lt;2000&gt;</b>		<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;2005&gt;</b>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

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

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

<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 ) <input checked="" type="radio"/> <input type="radio"/>
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> 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 company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

391676SD112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), 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 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
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.


<b>(200) Service Outage Reporting (Voice) Data Collection Form</b>	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	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures	

(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

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<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

-- See attached worksheet



<b>(800) Operating Companies Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net
<810>	Reporting Carrier	Santel Communications Cooperative
<811>	Holding Company	N/A
<812>	Operating Company	N/A

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

<910> Tribal Land(s) on which ETC Serves

Our ETC serves one-half of a percent of 665 square miles of Yankton Sioux Reservation. There is one household in that area, of which we already serve.

<920> Tribal Government Engagement Obligation

391676sd920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), 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.

Select (Yes, No, NA)
NA
NA
NA
NA
NA
NA
NA
NA
NA



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

<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)

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Stacy Buckley
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

391676SD1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP [www.santel.net/support/lifeline](http://www.santel.net/support/lifeline)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391676
<015>	Study Area Name	Santel Communications Cooperative
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**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen 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**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

**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> 3rd year Broadband Service Certification

<2018> 5th year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(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.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b> <b>Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code 391676  
 <015> Study Area Name Sante1 Communications Cooperative  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Stacy Buckley  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6057968105 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> sbuckley@sante1.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring 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.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))   
 Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier 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) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))   
 Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)  (Yes)  (No)  
 (3014) If yes, does your company file the RUS annual report (Yes/No)  (Yes)  (No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation   
 Name of Attached Document Listing Required Information 391676SD3017.pdf

(3018) If the response is no on line 3014, is your company audited? (Yes/No)  (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) Document(s) for 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.

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) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information   
 Name of Attached Document Listing Required Information

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

<010> Study Area Code	391676
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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Stacy Buckley
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<039> Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	CERTIFIED ONLINE <span style="float: right;">Date 6/13/2014</span>
Printed name of Authorized Officer:	Stacy Buckley
Title or position of Authorized Officer:	Controller
Telephone number of Authorized Officer:	6057968105 ext.
Study Area Code of Reporting Carrier:	391676 <span style="float: right;">Filing Due Date for this form: 07/01/2014</span>
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391676
<015> Study Area Name	Santel Communications Cooperative
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<030> Contact Name - Person USAC should contact regarding this data	Stacy Buckley
<035> Contact Telephone Number - Number of person identified in data line <030>	6057968105 ext .
<039> Contact Email Address - Email Address of person identified in data line <030>	sbuckley@santel.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
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 form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
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 Agent:	
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.	

## Attachments







**CERTIFICATION OF SANTEL COMMUNICATIONS**

**Reporting Period January 1 – December 31, 2013**

**Sec. 54.313(a) (5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a) (5) for High-cost Recipients, Santel Communications Cooperative, Inc. hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Santel follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are annual notices to customers on matters related to customer privacy. Santel has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on this May 21, 2014.

A handwritten signature in cursive script that reads "Pamela Kopfmann".

Pamela Kopfmann, Customer Service Manager

Santel Communications Cooperative, Inc.

## Statement of Non-Discrimination



### SANTEL COMMUNICATIONS STATEMENT OF NON-DISCRIMINATION

Santel Communications Cooperative, Inc. is the recipient of Federal financial assistance from the U.S. Department of Agriculture (USDA). The USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communications of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

The person responsible for coordinating this organization's nondiscrimination compliance efforts is Ryan Thompson, Santel Communications Cooperative's General Manager. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410, or call toll free (866) 632-9992 (voice) or (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

## Your Rights, Billing Name and Address

The FCC requires our company, under certain circumstances, to release the Billing Name and Address (BNA) of our telephone customers to other telecommunications providers. The main reason for releasing BNA information is to ensure proper billing for certain types of calls. For instance, calls such as collect, third-number billed, or calling card calls may be carried by a long distance carrier who is not your chosen carrier. Under those circumstances, the carrier does not know who to bill the call to, and therefore, must request the BNA from our company in order to bill the call. We must provide the information to the requesting carrier.

BNA can also be released to telecommunications providers for other reasons, such as verification for presubscription, servicing your account, to prevent fraud, or when you move from one location to another. If you have an unlisted or non-published telephone number, you have a choice. If you do not want your BNA released by our company for third-party billed calls, collect calls and calling card calls, we need affirmative notifications from you within 30 days. If you provide us with such notification, your ability to make calling card calls or to receive collect calls or third-number billed calls may be denied. Should you have any questions regarding this matter, please call our business office at 777.

Santel Communications respects your privacy and observes the privacy rules established by the Federal Communications Commission, the South Dakota Public Utilities Commission and the telecom oversight agencies.

Santel Communications will never sell your account information or provide details of your telephone calls to other parties, unless required by law enforcement.

From time to time, we would like to notify you of additional products available from us outside the existing business relationship we have with you. However, if you prefer to be excluded from these promotional efforts, please complete and sign this card on the reverse side and return it. We will screen you from all targeted marketing programs.

Your Santel Communications service is not impacted by this notification.

Please do not hesitate to call our office at 777 with any questions.

Thank you for being a Santel Communications customer.



I have read this notice and the explanation on the reverse side. I prefer to OPT OUT of Santel Communications' marketing of products and services outside of my existing scope of service.

**I understand that by opting out, I will NO longer receive direct notification of special offers, services, and campaigns offered by Santel Communications. This Opt-Out will remain in effect for two (2) years.**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

↓ Monthly Newsletter  
August 2013

## Privacy Issues and Your Account

Account number or telephone number

Signature of account owner

I hereby authorize the following person(s) to be added as **authorized contacts** on my account. I understand that authorized persons can inquire about the bill, make changes to the account and add or disconnect services.

I hereby authorize the following person to be added as **Joint Owner** of my account. I understand that joint owners become equally liable for the balance of the account and are entitled to capital credits earned. (Please return to Santel.)

Name and Social Security Number

Customer Propriety Network Information (CPNI) laws have changed the way Santel addresses the privacy of Santel accounts. Because of this, we have encouraged customers in the past to add one or more additional names to the billing account. Only those listed are allowed to make any changes or ask any questions about the account.

When additional names are added, customers should specify if those named are to be considered joint owners of the account or simply authorized. Sickness, accidents and death can happen unexpectedly and to move, change or disconnect services, the caller must be authorized on the account. In the event of death, a joint owner is eligible to request payout of the capital credits. If there is no joint owner on the account, Letters of Personal Representative or Letters of Authorization for the estate of the deceased will be required.

↓ Monthly Newsletter  
Feb 2013

## Plan Ahead - Add a Second Name to Your Account

If someone's name is not on an account with Santel Communications, we cannot, by law, give that person information on the account or talk to him or her about the account.

An accident or illness can suddenly leave a person unable to care for his own affairs. If a family member would want to know how much you owe on your bill, we can not give that information. The person could make a payment, but can't be told how much is owed.

It is important for all our customers to plan ahead and have an additional authorized person on their account.

Please check your account by calling our office. Simply dial 777 or 1-888-978-7777 from outside the exchange area. We will tell you whose name is on your account. Please consider adding your spouse, parent, child or anyone else who may need to take action on your personal affairs.

Remember that Santel is a cooperative and we do issue capital credits. Upon the death of our customers, capital credits will be issued once paper work is completed and the estate receives Board approval. Surviving heirs who are not joint owners of the account will need to provide letters of authorization or letters of personal representation. Power of Attorney is not acceptable as it expires upon death.

Form 481

Line 610

Santel Communications operates 10 central offices all of which have a standby generator in the event the location loses commercial power. Each office also has a battery system that can sustain up to 8 hours of no power commercially or via a generator. Santel's networks have redundant paths and no single facility damage will take our network offline. We have spare capacity on our networks and can handle moderate traffic fluctuations.

*Mark Wilson*

*Network Operations Manager*

*5-27-14*



November 2, 2012

Mr. Thurman Cournoyer, Chairman  
 Yankton Sioux Tribal Council  
 P.O. Box 1153  
 Wagner, SD 57380-1153

Dear Chairman Cournoyer:

I serve as the General Manager of Santel Communications Cooperative (“Santel”), a rural telephone company serving parts of southeastern South Dakota. Our cooperative’s service area includes the local exchange of Tripp and it is my understanding that approximately 3.5 miles of land in the southwestern corner of this exchange may be located within the official boundaries of the Yankton Sioux Reservation. This land sits within Charles-Mix County and, presently, includes only one customer residence. The existing customer, to my knowledge, is not a Yankton Sioux Tribal member. This customer also does not currently subscribe to any Santel broadband service, but broadband services can be made available if requested.

This letter is sent to you because the Federal Communications Commission (FCC), as part of a recent Order reforming the federal universal service mechanisms related to telecommunications and information services, has adopted new requirements that are intended to facilitate engagement between telecommunications companies serving Tribal Lands. The FCC’s new “Tribal Engagement” provisions are intended to improve communications and foster a greater understanding between service providers and Tribal entities of the factors necessary to deploy and sustain telecommunication services on Tribal lands. The ultimate aim is to benefit Tribal government leaders, carriers/service providers, and consumers living on Tribal lands by providing greater connectivity to 21st century economic opportunities, education, health care, and public safety. *See* FCC Public Notice, Office of Native Affairs and Policy, Wireless Telecommunications Bureau, and Wireline Competition Bureau Issue Further Guidance on Tribal Engagement Obligation Provisions of the Connect America Fund, DA 12-1165, released July 19, 2012.

There are some questions as to whether these FCC rules related to Tribal Engagement (which also still await approval by the federal Office of Management and Budget (OMB)) are applicable in these circumstances given the small area of land involved and lack of any residing Tribal member customers, but Santel feels compelled at this time to at least request of the Yankton Sioux Tribe whether it is interested in meeting pursuant to the FCC’s new Tribal Engagement provisions. If the Tribe is interested, Santel would offer to meet and would like to do so very soon, hopefully, by no later than the end of this November. The purpose of this



meeting would be to, generally, exchange information related to the deployment and provisioning of communications services on any Yankton Sioux Tribal lands that are located within the Tripp exchange area.

If a meeting between Santel and the Yankton Sioux Tribe is held, it is important that at least some of the individuals attending the meeting are “decision-makers.” As noted in the FCC’s July 19th Public Notice providing further guidance, “engagement cannot be merely between sales and marketing individuals on one side and administrative staff or advisors on the other. The perspectives on needs, expectations, priorities, and abilities that would formulate meaningful exchange often can come only from those with the requisite authority to make decisions.”

In closing, if your Tribe would like to proceed with Tribal Engagement in accord with the pending FCC rules, we ask at this time that you respond with the name and contact information for a Tribal representative who could assist in scheduling and arranging a meeting between Santel and the appropriate Tribal government staff and leaders. This information may be provided to me calling (605) 796-8143, or by sending me an e-mail at [rthompson@santel.net](mailto:rthompson@santel.net).

I thank you greatly for your cooperation in this matter.

Sincerely,



Ryan Thompson

Notes:

- delivery receipt confirmed
- as of 60 days later, no response from tribe desiring meeting/discussion
- our exchange area 3.5 miles, of reservation 665 sq miles = 0.005



**CERTIFICATION OF SANTEL COMMUNICATIONS**

**Sec. 54.313(a) (10) Voice Services Rate Comparability**

Pursuant to § 54.313(a) (10), Santel Communications Cooperative, Inc. hereby certifies that our prices for fixed voice services are in compliance. We do not have a state SLC and our rates are not more than the applicable national average urban rate as published March 2014 by the Wireline Competition Bureau.

I verify that the foregoing is true and correct. Executed on this May 27, 2014.

A handwritten signature in blue ink, appearing to read "Pamela Kopfmann".

Pamela Kopfmann, Customer Service Manager

Santel Communications Cooperative, Inc.

# SANTEL COMMUNICATIONS COOPERATIVE LIFELINE APPLICATION

(Please print)

Name: \_\_\_\_\_  
 (Last) (First) (Middle Initial) (Date of Birth)

Service Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Billing Address: \_\_\_\_\_  
 (If different from service address) (Street) (City) (State) (Zip)

Last 4 digits Social Security Number: \_\_\_\_\_ Santel Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Alternate Phone where you can be reached or receive messages: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Number of individuals in applicant household: \_\_\_\_ Is this address a permanent address? Y \_\_\_\_ No \_\_\_\_

Are you currently receiving Lifeline assistance through any other telephone provider? Yes \_\_\_\_ No \_\_\_\_

Please answer the following questions (check appropriate lines):

- I am applying for: \_\_\_\_ Lifeline monthly telephone service discount (\$9.25/month telephone discount)  
 \_\_\_\_ Toll Limitation Service (free toll blocking or toll control)

2. My household, myself, or one or more of my dependents, currently participates in one or more of the following programs: (Check all that apply)

- \_\_\_\_ Medicaid (eg Title XIX/Medical, State Supplemental Assistance)
- \_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) – formerly Food Stamps
- \_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_ Federal Public Housing Assistance (Section 8)
- \_\_\_\_ Low-Income Home Energy Assistance Program (LIHEAP)
- \_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_ Headstart (meeting income qualifying standards)
- \_\_\_\_ National School Lunch Free Lunch Program
- \_\_\_\_ OR My household income is at or below 135% of the Federal Poverty Guidelines

*If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below). You must provide proof of your household income to verify your eligibility.*

**2014 Federal Poverty Guidelines – 135%**

Household Size	SD Annual	SD Monthly
1	\$15,755	\$1,312.92
2	\$21,236	\$1,769.67
3	\$26,717	\$2,226.42
4	\$32,198	\$2,683.17
5	\$37,679	\$3,139.92
6	\$43,160	\$3,596.67
7	\$48,641	\$4,053.42
8	\$54,122	\$4,510.17
For each additional person, add	\$ 5,481	\$ 456.75

*Note: Long distance toll rates are the same for both lifeline and nonlifeline customers.*

## Important Information:

You will be required to provide documentation showing eligibility.

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

### I certify, under penalty of perjury, that:

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility.
- (2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (3) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- (7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);
- (8) I acknowledge and consent that Santel will transmit my above account data to the federal administrator of the National Lifeline Accountability Database to ensure proper administration of the Lifeline program.
- (9) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (10) The information contained in this application and certification form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2014 Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines

Persons in Family Unit	Annual Family Income
1	\$15,755
2	\$21,236
3	\$26,717
4	\$32,198
5	\$37,679
6	\$43,160
7	\$48,641
8	\$54,122

For each additional person, add \$5,481. Consumers may qualify for Lifeline if they participate in any of the programs listed on the previous page, or have a household income that is at or below 135% of the federal poverty guidelines.

To learn more, visit:

[www.usac.org](http://www.usac.org)  
[www.lifelinesupport.org](http://www.lifelinesupport.org)

PO Box 67, Woonsocket, SD 57385



# Telephone Support



**Call: 777,  
 1-888-978-7777,  
 or email:  
 info@santel.net**

Santel Communications is an equal opportunity provider and employer.





**Lifeline provides discounts to eligible low-income consumers to help them establish and maintain telephone service.**

**Note:**  
**Telecommunications carriers do not charge a Lifeline customer Federal Universal Service Charge (FUSC) fees on the local service portion of their telephone bill.**

Redacted for Public Inspection  
**What type of discounts are available?**

There are two discounts available. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive up to \$9.25 per month in discounts.

**How do I apply to receive the Lifeline support discount?**

To apply for the Lifeline discount, or if you have any questions, please contact our billing office by dialing 777 from your home phone or 1-888-978-7777 from outside our service area.



**Are there any restrictions?**

Lifeline can only be used for the main telephone line in a household. Lifeline customers may purchase all services offered to non-Lifeline customers. The name on your phone bill must match the name of the participant who is eligible for the program.

**How do I know if I qualify?**

Eligibility for Lifeline support varies by state. In states that do not provide state support, such as South Dakota, the federal guidelines are used. An individual is eligible if he or she participates in one of the following programs:

- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance or Section 8
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP) (Formerly Food Stamps)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Free Lunch Program

In addition, a consumer may be eligible if his or her household income is at or below 135% of the federal poverty guidelines which are on the reverse side.

