

## Attachments

<b>(700) Price Offerings including Voice Rate Data</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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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	399017
<015>	Study Area Name	Northern Valley Communications
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

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

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<810>	Reporting Carrier	Northern Valley Communications
<811>	Holding Company	James Valley Cooperative Telephone Company
<812>	Operating Company	Northern Valley Communications, LLC

[illegible]

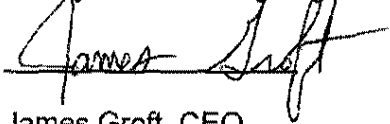
**CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC**

**Reporting Period January 1 – December 31, 2014**

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

Pursuant to § 54.313(a)(5) for High-cost Recipients, Northern Valley Communications, LLC hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Northern Valley Communications, LLC 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. Customer privacy notice information is attached. Northern Valley Communications, LLC 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 May 8, 2015.

A handwritten signature in black ink, appearing to read "James Groft", written over a horizontal line.

James Groft, CEO

Northern Valley Communications, LLC

**Important Notice Regarding Your Account  
OPT-OUT CPNI NOTICE**

Northern Valley Communications (NVC) is requesting your approval to access, use, disclose, or distribute your Customer Proprietary Network Information (or "CPNI") for certain purposes. CPNI consists of the call, service and billing records regarding your use of the telecommunications services that you purchase from us (e.g., the telephone numbers you call; the frequency, timing and duration of your calls; and the telecommunications and information services you purchase).

NVC is requesting your approval to use your CPNI for the following purposes only: to develop and market new and additional services and to determine which customers may benefit from these services and enhancements. Use of CPNI data will allow NVC to tailor our service offerings to your individual needs.

For this purpose, CPNI data will be used by NVC only. This data will not be shared by NVC with any other outside source except as necessary and required to provide the service(s) to which you are already subscribed, and unless we are legally compelled to.

You have a right to the confidentiality of your CPNI, and NVC and other carriers have a duty, under federal law, to protect that confidentiality. You have a right to approve or disapprove the proposed access, use, disclosure and/or distribution of your CPNI.

If you approve, NVC may be better able to offer products and services tailored to your needs. Your approval will be valid for up to two years, but you may revoke or limit it at any time by notifying NVC in writing that you are doing so. If you disapprove, it will not affect the provision to you of any of the existing services which you purchase from NVC. However, we will not be able to use your CPNI to develop and offer to you new or additional services or service packages. Your disapproval will remain in effect until you revoke or limit it, which you may do in writing at any time.

If you are willing to give NVC your approval for the proposed use of your CPNI, you need do nothing further. Your approval will be deemed to have been granted thirty-three (33) days after this notice was sent to you. If you do not approve the proposed use of your CPNI, you need to sign and date the form below and return it to NVC in the enclosed envelope, or fax it to NVC at 725-1050, or call NVC's business office at 725-1000 during regular business hours (or by dialing 611 from your home phone) or email us at [marketing@nvc.net](mailto:marketing@nvc.net).

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I have read this **OPT-OUT CPNI NOTICE**, and **DO NOT** approve of the proposed use of CPNI for the customer account specified below.

Customer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Customer Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



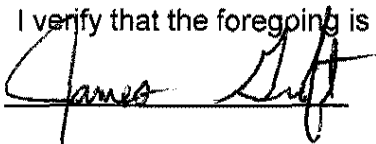
**CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC**

**Reporting Period January 1 – December 31, 2014**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Northern Valley Communications, LLC hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Northern Valley Communications, LLC is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Northern Valley Communications, LLC has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. Northern Valley Communications, LLC's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Northern Valley Communications, LLC has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on May 8, 2015.

A handwritten signature in black ink, appearing to read "James Groft", is written over a horizontal line.

James Groft, CEO

Northern Valley Communications, LLC

**CERTIFICATION OF NORTHERN VALLEY COMMUNICATIONS, LLC**

**Reporting Period January 1 – December 31, 2014**

**47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2015 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 10, 2015.

A handwritten signature in black ink, appearing to read "James Groft", written over a horizontal line.

James Groft, CEO

Northern Valley Communications, LLC



## Lifeline Assistance Application and Certification Form

Company Name: **Northern Valley Communications**

SPIN: 143019465

*(Please Print or Type)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Residential Address *(Do not use a P.O. Box address):* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your residential address a permanent address? Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address *(If different from residential address):* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ *(if existing service)*

Telephone number where you can be reached or receive messages: \_\_\_\_\_

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

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



**Please check all that apply and provide documentation to prove eligibility.**

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

- \_\_\_\_\_ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)  
\_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)  
\_\_\_\_\_ Supplemental Security Income (SSI)  
\_\_\_\_\_ Federal Public Housing Assistance (Section 8)  
\_\_\_\_\_ Low-Income Energy Home Assistance Program (LIHEAP)  
\_\_\_\_\_ Temporary Assistance for Needy Families (TANF)  
\_\_\_\_\_ National School Lunch Program's Free Lunch Program  
\_\_\_\_\_ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: \_\_\_\_\_.

*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).*

**2015 Federal Poverty Guidelines – 135%**

Household Size		Household Size	
1	\$15,889	5	\$38,353
2	\$21,505	6	\$43,969
3	\$27,121	7	\$49,585
4	\$32,737	8	\$55,201

For each additional person after 8, add \$5,616 to the annual guideline.

Source: Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237

**Important Information**

You will be required to provide documentation of 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 give NVC permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.

Initial here \_\_\_\_\_

**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 if required to do so;
- (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 that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (9) The information contained in this application and certification form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.*

For more information about Lifeline, see [www.PUC.SD.gov/Lifeline](http://www.PUC.SD.gov/Lifeline)

**Please return this application and all documentation to:**

NVC  
1812 6<sup>th</sup> Ave SE Aberdeen, SD 57401 (Monday thru Friday 8am - 6pm) or  
1316 E 7<sup>th</sup> Ave Redfield, SD 57469 (Wednesday 10am - 4pm)  
725-1000 Aberdeen; 475-1000 Redfield; 1-888-919-8945 Toll-Free

\_\_\_\_\_  
**Office Use Only**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Form(s) used to determine eligibility