EXHIBIT B-2

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 306 July 2013	50-0986/OMB Control No. 3050-0819
<010>	Study Area Code	391685	The state of the s		
<015>	Study Area Name	VALLEY TELECOMM.			
<020>	Program Year	2016			
<030>	Contact Name: Person USAC should contact with questions about this data	Judy Christiansen			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4028181322 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	jchristiansen@cons	sortiaconsulting.c	mc	
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached wo	orksheet)	(check box when complete) ✓
<200>	Outage Reporting (voice)		(complete attached wo	orksheet)	1 1
<210>	✓ < check box if no	outages to report			✓
<300>	Unfulfilled Service Requests (voice) 0		***************************************	_	
<310>	Detail on Attempts (voice)				
				(attach descriptive	document)
<320>	Unfulfilled Service Requests (broadband)				/
<330>	Detail on Attempts (broadband)			(attach descriptive	e document)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed 0.0				4 4
<420> <430>	Mobile [0.0] Number of Complaints per 1,000 customers (broadb				
<440>	Fixed 0.0				
<450>	Mobile 0.0 Service Quality Standards & Consumer Protection Ru	les Compliance	the test to the second	er	
<500>	391685sd510.pdf	nes compnance	(check to indicate cert	цисанопу	
<510>			(attached descriptiv	re document)	/ /
<600>	Functionality in Emergency Situations		(check to indicate cert	ification)	/ /
	391685sd610.pdf				
			(attached descriptive d	ocument)	✓
<610>					
<700>	Company Price Offerings (voice)		(complete attached w	orksheet)	
<710>	Company Price Offerings (broadband)		(complete attached w	orksheet)	
<800>	Operating Companies and Affiliates		(complete attached we		
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Certification	r	if yes, complete attached we Yes	orksheet)	
<1010>		L	(attach descriptive do	cument)	
	Certify whether terrestrial backhaul options exist (Ye	es or No) 💿 🤇	(if not, check to indic		-
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached w (complete attached w		
	Price Cap Carriers, Proceed to Price Cap Additional D				
<2000>	Including Rate-of-Return Carriers affiliated with Pric	e Cap Local Exchang	e Carriers (check to indicate certi	fication)	
<2005>			(complete attached wo		
	Rate of Return Carriers, Proceed to ROR Additional [ocumentation Wor			
<3000>			(check to indicate certi (complete attached wa		- '

	rvice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060 July 2013	-0819
<010>	Study Area Code	391685		
<015>	Study Area Name	VALLEY TELECOM	MM.	***************************************
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christian 4028181322 ext		
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@	@consortiaconsulting.com	
<110>	Has your company received its ETC certification from the FCC?	(yes /	/no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes /	/no) O O	
<112>	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. 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 of CETC which only receives frozen support, your progress report is only required to address voice telephony service.		391685sd112.pdf	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	2-уеаг	Name of Attached Document	
<113> <114> <115> <116> <117> <118>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve much (USF) was used to improve service coverage and how support was used to improve much (USF) was used to improve service capacity and how support was used to improve much (USF) was used to improve ment targets not met in the prior calendar year.	prove service covera	rage Yes	

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

luly 2013

<010>	Study Area Code	391685
<015>	Study Area Name	VALLEY TELECOMM.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

<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									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

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	L	<u> </u>	<u> </u>	<u> </u>	L	L			<u></u>		L	

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391685
<015>	Study Area Name	VALLEY TELECOMM.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

 <701> Residential Local Service Charge Effective Date
 1/1/2015

 <702> Single State-wide Residential Local Service Charge
 16.0

	a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2> Residential Local</b2>	<b3></b3>	<b4></b4>	<bs><b5> Mandatory Extended Area</b5></bs>	<u><</u>
St	tate	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and F
		evertonièe (veco)	Site (daye)	Muse 17pe	- CONTROL MARC	State Substituti Line Charge	State Oniversal Service Lee	Jerwee Charge	Total per intercaces and 1
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(710) Broadband Price Offerings Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	391685
<015>	Study Area Name	VALLEY TELECOMM.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<62>	< C>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
ŀ									
								-	
				 See attack worksheet - 	ned				
ļ				romonoci					
	FILMING.								
ļ									

(800) Op	erating Companies			FCC Form 481
Data Col	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		391685	
<015>	Study Area Name		VALLEY TELECOMM.	
<020>	Program Year		2016	
<030>	Contact Name - Person l	JSAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com	
<810>	Reporting Carrier	Valley Telecommunications Cooperative Assoc	ation, Inc.	
<811>	Holding Company	Not Applicable		
<812>	Operating Company	NA		

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

	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030: Contact Email Address - Email Address of person identified in data line <030 Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
to confi demon	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	The second secon
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924> <925>	Compliance with land like permitting requirements	
<925>	Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
	Compliance with Tribal Business and Licensing requirements.	

	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	391685 VALLEY TELECOMM. 2016 Judy Christiansen 4028181322 ext. jchristiansen@consortiaconsulting.com
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) Te	rms and Condition for Lifeline Customers		FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2013
<010>	Study Area Code		391685
<015>	Study Area Name		VALLEY TELECOMM.
<020>	Program Year		2016
<030>	Contact Name - Person USAC should contact regarding this data		Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data I		
<039>	Contact Email Address - Email Address of person identified in data	line <030>	> jchristiansen@consortiaconsulting.com
		Г	391685sd1210.pdf
		I	
-1210	Torus & Conditions of Value Talanham Lifetina Plans	ŀ	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	1	
		-	Name of Attached Document
412205	At A a Boldford Later		
<1220>	Link to Public Website	HTTP	

"Dianca d	heck these boxes below to confirm that the attached document(s), on line	1210	
		1210,	
	bsite listed, on line 1220, contains the required information pursuant to		
-	(a)(2) annual reporting for ETCs receiving low-income support, carriers mus	ST.	
annually	report:		
<1221>	Information describing the terms and conditions of any voice	1	
VI2212	telephony service plans offered to Lifeline subscribers,		
	,		
<1222×	Details and the control of the contr	1	
<1222>	Details on the number of minutes provided as part of the plan,	للنا	
<1223>	Additional charges for toll calls, and rates for each such plan.	V	
		·	

(2000) Pri	ce Cap Carrier Additional Documentation			FCC Form 481
Data Colle	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
energy extension fin				
<010>	Study Area Code			
<015>	Study Area Name	391682		
<020>	Program Year	VALLEY TELECOMM.		
<030>	Contact Name - Person USAC should contact regarding this data	2016		
	Contact Telephone Number - Number of person identified in data line <030>	Judy Christiansen		
<039>	Contact Email Address - Email Address of person identified in data line <030>			
nant vinta month and market mark		jchristiansen@consortiaco	onsulting.com	no quantitativo M. Minimino no anno anti Mangalakhi M. Mangalakan kan panganakan kan pangan
personal and a second				
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	•	• • • • =	
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforn	nation reported on this form and	d in the documents attached below is accurat	te.
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)			
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)	r		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}			
	reconnecte (47 of it 5 54.525(b)(2/ii)	1		
		i		
		- 7	Name of Attached Document(s) Listing Required Inform	nation
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>				
<2013>				
<2014>				
<2015>				
	· · · · · · · · · · · · · · · · · · ·		L	
.0046	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband		L	
2047	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017> <2018>	Sid year broadband Service Certification			
<2019>	Still year broadband Service Certification			
	median			
<2020>	Please check the box to confirm that the attached document(s), on lir pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	ne 2021, contains the required	information	
	addresses of community anchor institutions to which began providing			
	preceding calendar year.	decess to broadbaria service	in the	
<2021>	Interim Progress Community Anchor Institutions			
			Name of Attached Desurgential Listing Requir	red Internation

3000) Ra	te Of Return Carrier Additional Documentation	FCC Form 481
ata Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		λυίγ 2013
<010>	Study Area Code Study Area Name	391685 VALLEY TELECOMM.
<020>	Program Year	VALLEY TELECOMM.
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030	4028181322 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030	
CHECK t		suant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 at the information reported on this form and in the documents attached below is accurate.
		391685sd3010.pdf
(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 li § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and a providing access to broadband service in the preceding calendar yea	dresses of community anchor institutions to which began
		391685sd3012.pdf
		55170550120121.pdf
(2012)	Community Angles Institutions (AT CED S EA 212(6)(1)(6))	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
		Name of Attached Document Listing Required Information
		(Yes/No)
(3013) (3014)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)
(3014)	ir yes, does your company file the ROS annual report	(lashe) [O
Please	check these boxes to confirm that the attached document(s), on line	017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	[[조]
	Telecommunications Borrowers)	*Laborat
(3016)	Document(s) for Balance Sheet, Income Statement and Statement o	Cash Flows
		391685sd3017.pdf
(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
(3018)	If the response is no on line 3014, is your company audited?	(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)		
(5025)	Either a copy of their audited financial statement; or (2) a financial report is	a format comparable to KUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement	of Cash Flows
		,
(3021)	Management letter and audit opinion issued by the independent certific	d 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:	
	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	
(n=:	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	if Cash Flows
(3026)	Attach the worksheet listing required information	
		Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional	Documentation (Continued)	FCC Form 481
(Socol) nate of metalin corner Additional	Documentation (continued)	recount 401
		QMB Control No. 3060-0986/QMB Control No. 3060-0819
Data Collection Form		CIMP COUNTY AD: 3000-0300/OMB COUNTY NO. 3000-0619
		July 2013
		10ly 2015

<010>	Study Area Code	391685
<015>	Study Area Name	VALLEY TELECOMM.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	E HARLES A
(3034) Dividends	

Data Collection Form ON	C Form 481 VB Control No. 3060-0986/OMB Control No. 3060-0819 ly 2013
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<010>	Study Area Code	391685
<015>	Study Area Name	VALLEY TELECOMM.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: 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.

13300000000000000000000000000000000000	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391685
<015>	Study Area Name	VALLEY TELECOMM.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christlansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

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

I certify that (Name of Agent) <u>Judy Christensen</u> also certify that I am an officer of the reporting carrier; my res agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier. onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized rovided to the authorized agent is accurate.
Name of Authorized Agent: Judy Christensen	
Name of Reporting Carrier: VALLEY TELECOMM.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/19/2015
Printed name of Authorized Officer: Darin LaCoursiere	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 6054372615 ext.	

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.			
		lame of Reporting Carrier: VALLEY TELECOMM.	
		lame of Authorized Agent or Employee of Agent: Judy Christiansen	
gnature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/19/2015		
rinted name of Authorized Agent or Employee of Agent: Judy Christiansen			
itle or position of Authorized Agent or Employee of Agent Consultant			
elephone number of Authorized Agent or Employee of Agent: 4028181322 ext.			
	is form: 07/01/2015		