

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi @jsitel.com

June 21, 2017

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2017 ETC Annual Report of Interstate Telecommunications Cooperative, Inc.

Study Area Code 391654

Dear Ms. Dortch:

On behalf of Interstate Telecommunications Cooperative, Inc. ("Company"), JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President 301-459-7590

jkuykendall@jsitel.com

FCC Form 481 - Carrier Annual Reporting REDACTED FOR PUBLIC INSPECTION ONB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form

<010>	Study Area Code	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Morris
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6058742181 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	todd.morris@itctel.com
	Form Type	54.313 and 54.422

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

	July 2013								2013			
<010>	10> Study Area Code 391654											
<015>	Study Area Na	ame				INTERSTATE	TELECOMM.					
<020>	Program Year					2018						
<030>	Contact Name	e - Person USAC	should contac	t regarding this	data	Todd Morris	ı					
<035>	Contact Telephone Number - Number of person identified in data line <030> 6058742181 ext.											
<039>	> Contact Email Address - Email Address of person identified in data line <030> todd.morris@itctel.com											
<210>	For the prior calendar year, were there any reportable voice service outages? No											
<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		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

NORS Reference		Outage Start		Outage End		Table of	911 Facilities	Service Outage	Did This Outage Affect Multiple	Section 2.1	B
Number	Date	Time	Date	Time	Customers Affected	Total Number of Customers	Affected (Yes / No)	Description (Check all that apply)	Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
											<u> </u>
											-

, ,	ulfilled Service Request ection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	No. 3060-0819
<010>	Study Area Code		391654			
<015>	Study Area Name		INTERSTATE TELECOMM.			
<020>	Program Year		2018			
<030>	Contact Name - Person USAC should contact regarding this dat	a	Todd Morris			
<035> Contact Telephone Number - Number of person identified in data line <030>			6058742181 ext.			
<039> Contact Email Address - Email Address of person identified in data line <030>			todd.morris@itctel.com			
<300> U	nfulfilled service request (voice)		0			
<310> D	Detail on attempts (voice)					
		Name	e of Attached Document			
<320> Unfulfilled service request (broadband)		0				
<330>	Detail on attempts (broadband)					_
			lame of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 391654
<015>	Study Area Name Interstate Telecomm.
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data Todd Morris
<035>	Contact Telephone Number - Number of person identified in data line <030> 6058742181 ext.
<039>	Contact Email Address - Email Address of person identified in data line todd.morris@itctel.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013				
<010>	Study Area Code	391654					
<015>	Study Area Name	INTERSTATE TELECOMM.					
<020>	Program Year	2018					
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris					
<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.					
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.com					
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes					
		391654SD510.pdf					
<510>	510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance						
<515>	Certify compliance with applicable minimum service standards						

	unctionality in Emergency Situations ollection Form	REDACTE	D FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		391654	
<015>	Study Area Name		INTERSTATE TELECOMM.	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data	l	Todd Morris	
<035>	Contact Telephone Number - Number of person identified in dat	ta line <030>	6058742181 ext.	
<039>	Contact Email Address - Email Address of person identified in dat	nta line <030>	todd.morris@itctel.com	
<600>	Certify compliance regarding ability to function in emergency situ	uations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations		391654SD610.pdf	

(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
c010x Study Area Coda	201654	
<010> Study Area Code	391654	
<015> Study Area Name	INTERSTATE TELECOMM.	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Todd Morris	
<035> Contact Telephone Number - Number of person identified in data li	ine <030> 6058742181 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> todd.morris@itctel.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
-									
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-									
-									
					See at	tached worksheet			
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 3	91654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
						Broadband Service -			Usage Allowance
	C4-4-	F (11 F.C.)	Davidantial Data	State Regulated	T-4-1 D-4 4 F	Download Speed	Broadband Service -	Usage Allowance	Action Taken When
	State	Exchange (ILEC)	Residential Rate	Fees	Total Rate and Fees	(Mbps)	Upload Speed (Mbps)	(GB)	Limit Reached {select }
				0	. 1				
				- See attacl	nea				
			,	worksheet -	•				

(800) Op	erating Companies			FCC Form 481
Data Coll	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		391654	
<015>	Study Area Name		INTERSTATE TELECOMM.	
<020>	Program Year		2018	
<030>	Contact Name - Person U	SAC should contact regarding this data	Todd Morris	
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	6058742181 ext.	
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	todd.morris@itctel.com	
<810>	Reporting Carrier	Interstate Telecommunications Cooperative, I	nc.	
<811>	Holding Company	Name Not Available		
<812>	Operating Company	Interstate Telecommunications Cooperative, 1	inc.	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
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-	See atta	ached workshe	et
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<u> </u>			

(900) Tribal Lands Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area	a Code	391654	
<015> Study Area	n Name	INTERSTATE TELECOMM.	
<020> Program Y	ear	2018	
<030> Contact Na	ame - Person USAC should contact regarding this data	Todd Morris	
<035> Contact Te	elephone Number - Number of person identified in data line <030>	6058742181 ext.	
<039> Contact Er	nail Address - Email Address of person identified in data line <030>	todd.morris@itctel.com	
<900> Does the	e filing entity offer tribal land services? (Y/N)	Yes	
<910> Tribal Lai	nd(s) on which ETC Serves	Sisseton Wahpeton Oyate Tribe	
<920> Tribal Go	overnment Engagement Obligation	391654SD0920.pdf Name of Attack	ped Decument

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:

- <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 or No or			
Not Applicable			
Yes			
Yes			

(1000) V	pice and Broadband Service Rate Comparability	1201	FCC Form 481
	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Con	ection Form		
			July 2013
<010>	Study Area Code		391654
<015>	Study Area Name		INTERSTATE TELECOMM.
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Todd Morris
<035>	Contact Telephone Number - Number of person identified in data line	<030>	6058742181 ext.
<039>	Contact Email Address - Email Address of person identified in data line		todd.morris@itctel.com
-	•		
<1000>	Voice services rate comparability certification	Yes	
1000>	voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate		
\1010>	comparability compliance		
	comparability compliance		
			Name of Attached Document
		Yes	- Pricing is no more than the most recent applicable benchmark announced by
<1020>	Broadband comparability certification	the	Wireline Competition Bureau
<1030>	Attach detailed description for broadband		
<1030>	Attach detailed description for broadband comparability compliance		
	comparability compliance		
			Name of Attached Document
			Hame of Accadica Document

(1100) N	o Terrestrial Backhaul Reporting		FCC Form 481	
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013	.9
<010>	Study Area Code	391654		
<015> <020>	Study Area Name Program Year	INTERSTATE TELECOMM. 2018		
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes		
<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 lupstream within the supported area pursuant to § 54.313(g).	kbps		

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	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris
<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	todd.morris@itctel.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	www.itc-web.com/services-and-products/phone/lifeline-and-link/
"Please cl	neck these boxes below to confirm that the attached document(s), on line 1210,	
or the we	bsite 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 r	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.	

, ,	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	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
<010>	Study Area Code	391654	
<015>	Study Area Name	INTERSTATE TELECOMM.	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental 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

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap	Carrier Additional Documentation	FCC Form 481	
Data Collection F	Form		. 3060-0986/OMB Control No. 3060-0819
Including Rate-of	f-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
Price Ca	p 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)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

	Progress Report on 5 Year Plan			
(3009)	Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	Yes - At	tach Certifica	391654SD3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document List Information	sting Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors		
(3012B)	Please Provide Attachment	Name of Attached Document List Information	sting Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	O	
(3015)	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: Electronic copy of their annual RUS reports	Γ	V	
	(Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	L	<i>V</i>	391654SD3017.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 List Information	sting Required	
(3018)	If the response is no on line 3014, is your company audited? 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:	(Yes/No)	0	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion 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) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Document List Information	sting Required	

REDA	CTED FOR PUBLIC INSPECTION
3005) Rate Of Return Carrier Additional Documentation (Continued) FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.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
(3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris
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<039>	Contact Email Address - Email Address of person identified in data li	ine <030> todd.morris@itctel.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

il yes to 4003A, please provide a response for 4003B.		
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information ————————————————————————————————————	

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	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
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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: INTERSTATE TELECOMM.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/20/2017

Printed name of Authorized Officer: Bryan Roth

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 6058742181 ext.

Study Area Code of Reporting Carrier: 391654 Filing Due Date for this form: 07/03/2017

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.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391654
<015>	Study Area Name	INTERSTATE TELECOMM.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Todd Morris
<035>	Contact Telephone Number - Number of person identified in data line <030>	6058742181 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	todd.morris@itctel.com

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

l certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. 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 f	n 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 Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Ager	nt			
Telephone number of Authorized Agent or Employee of A	agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		