

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

<010> Study Area Code	512251
<015> Study Area Name	RT COMMUNICATIONS, INC.
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Gail Rainey
<035> Contact Telephone Number: Number of the person identified in data line <030>	4063472666 ext.2859
<039> Contact Email Address: Email of the person identified in data line <030>	gail.rainey@rangetel.coop
Form Type	54.313 and 54.422

**(300) Unfulfilled Service Request
Data Collection Form**

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<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers
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<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.	Offered only fixed voice	
<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.	Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0	
<450>	Complaints per 1000 customers for mobile broadband		

(500) Compliance With Service Quality Standards and Consumer Protection Rules
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4063472666 ext. 2859
<039>	Contact Email Address - Email Address of person identified in data line <030>	gail.rainey@rangetel.coop
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		512251wy510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

**(600) Functionality in Emergency Situations
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<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	512251wy610.pdf

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

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<701>	Residential Local Service Charge Effective Date	1/1/2017
<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
WY	Albin		FR	23.99	0.0	0.38	5.13	29.5
WY	Albin/Zone1		FR	26.49	0.0	0.41	5.13	32.03
WY	Albin/Zone2		FR	29.24	0.0	0.45	5.13	34.82
WY	Albin/Zone3		FR	33.89	0.0	0.51	5.13	39.53
WY	Burns		FR	23.99	0.0	0.38	5.13	29.5
WY	Burns/Zone1		FR	26.49	0.0	0.41	5.13	32.03
WY	Burns/Zone2		FR	29.24	0.0	0.45	5.13	34.82
WY	Burns/Zone3		FR	33.89	0.0	0.51	5.13	39.53
WY	Carpenter		FR	23.99	0.0	0.38	5.13	29.5
WY	Carpenter/Zone1		FR	26.49	0.0	0.41	5.13	32.03
WY	Carpenter/Zone2		FR	29.24	0.0	0.45	5.13	34.82
WY	Carpenter/Zone3		FR	33.89	0.0	0.51	5.13	39.53
WY	Gas Hills		FR	23.99	0.0	0.31	0.0	24.3
WY	Gas Hills/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Gas Hills/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Gas Hills/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Hulett		FR	23.99	0.0	0.34	2.21	26.54
WY	Hulett/Zone1		FR	26.49	0.0	0.37	2.21	29.07
WY	Hulett/Zone2		FR	29.24	0.0	0.41	2.21	31.86
WY	Hulett/Zone3		FR	33.89	0.0	0.47	2.21	36.57
WY	Jeffery City		FR	23.99	0.0	0.31	0.0	24.3

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<701> Residential Local Service Charge Effective Date	1/1/2017
<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
WY	Jeffery City/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Jeffery City/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Jeffery City/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Kaycee		FR	23.99	0.0	0.31	0.0	24.3
WY	Kaycee/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Kaycee/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Kaycee/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Midwest		FR	23.99	0.0	0.31	0.0	24.3
WY	Midwest/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Midwest/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Midwest/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Moorcroft		FR	23.99	0.0	0.34	2.21	26.54
WY	Moorcroft/Zone1		FR	26.49	0.0	0.37	2.21	29.07
WY	Moorcroft/Zone2		FR	29.24	0.0	0.41	2.21	31.86
WY	Moorcroft/Zone3		FR	33.89	0.0	0.47	2.21	36.57
WY	Newcastle		FR	23.99	0.0	0.34	2.21	26.54
WY	Newcastle/Zone1		FR	26.49	0.0	0.37	2.21	29.07
WY	Newcastle/Zone2		FR	29.24	0.0	0.41	2.21	31.86
WY	Newcastle/Zone3		FR	33.89	0.0	0.47	2.21	36.57
WY	Osage		FR	23.99	0.0	0.34	2.21	26.54
WY	Osage/Zone1		FR	26.49	0.0	0.37	2.21	29.07

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<701>	Residential Local Service Charge Effective Date	1/1/2017
<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
WY	Osage/Zone2		FR	29.24	0.0	0.41	2.21	31.86
WY	Osage/Zone3		FR	33.89	0.0	0.47	2.21	36.57
WY	Pine Bluffs		FR	23.99	0.0	0.38	5.13	29.5
WY	Pine Bluffs/Zone1		FR	26.49	0.0	0.41	5.13	32.03
WY	Pine Bluffs/Zone2		FR	29.24	0.0	0.45	5.13	34.82
WY	Pine Bluffs/Zone3		FR	33.89	0.0	0.51	5.13	39.53
WY	Ridge		FR	23.99	0.0	0.31	0.0	24.3
WY	Ridge/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Ridge/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Ridge/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Shoshoni		FR	23.99	0.0	0.31	0.0	24.3
WY	Shoshoni/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Shoshoni/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Shoshoni/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Thermopolis		FR	23.99	0.0	0.31	0.0	24.3
WY	Thermopolis/Zone1		FR	26.49	0.0	0.34	0.0	26.83
WY	Thermopolis/Zone2		FR	29.24	0.0	0.38	0.0	29.62
WY	Thermopolis/Zone3		FR	33.89	0.0	0.44	0.0	34.33
WY	Upton		FR	23.99	0.0	0.34	2.21	26.54
WY	Upton/Zone1		FR	26.49	0.0	0.37	2.21	29.07
WY	Upton/Zone2		FR	29.24	0.0	0.41	2.21	31.86

**(900) Tribal Lands Reporting
Data Collection Form**

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<900> Does the filing entity offer tribal land services? (Y/N) No

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

<920> Tribal Government Engagement Obligation

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 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

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

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<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 512251wy1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 512251wy1030.pdf

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans	512251wy1210.pdf Name of Attached Document
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<1220> Link to Public Website	HTTP
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“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.

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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.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}
 (3010B) Please Provide Attachment
 Name of Attached Document Listing Required Information
 512251wy3010.pdf

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}
 (3012B) Please Provide Attachment
 No - No New Community Anchors
 Name of Attached Document Listing Required Information

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

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:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with 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
 512251wy3017.pdf

(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) 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 Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)

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Financial Data Summary

(3027) Revenue	16470906
(3028) Operating Expenses	15763419
(3029) Net Income	961014
(3030) Telephone Plant In Service(TPIS)	153255706
(3031) Total Assets	46265416
(3032) Total Debt	25089062
(3033) Total Equity	14258992
(3034) Dividends	0

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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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: RT COMMUNICATIONS, INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/16/2017
Printed name of Authorized Officer: Becky Dooley	
Title or position of Authorized Officer: Vice President/General Manager	
Telephone number of Authorized Officer: 3073477003 ext.	
Study Area Code of Reporting Carrier: 512251	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.	