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July 1, 2014

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

Ms. Carlotta S. Stauffer
Division of the Commission Clerk and
Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

REDACTED

RECEIVED-FPSC
14 JUL - 1 AM 10:30
COMMISSION
CLERK

Re: FPSC Docket No. 140119-TP-FCC Form 481, Carrier Annual Reporting Data
Collection Form for Northeast Florida Telephone Company

Dear Ms. Stauffer:

Pursuant to Rule 54.313 of the Federal Communications Commission ("FCC") regulations, enclosed is a copy of Northeast Florida Telephone Company's d/b/a NEFCOM ("NEFCOM) FCC Form 481, Carrier Annual Reporting Data Collection Form, as well as a signed Affidavit attesting that all high cost support provided to NEFCOM was used in the preceding calendar year (2013) and will be used in the coming calendar year (2015) only for the provisions, maintenance, and upgrading of facilities and services for which the support was intended.

Pursuant to section 364.131(1), Florida Statutes and Rule 25-22.006, Florida Administrative Code, NEFCOM hereby claims confidential treatment for certain portions of FCC Form 481. This response contains information relating to competitive interests.

Enclosed herewith are the following:

- 1. Attachment "A" - 2 copies of NEFCOM's FCC Form 481, Carrier Annual Reporting Data Collection form and the Affidavit. The specific information claimed to be confidential is redacted; and

COM _____
 AFD _____
 APA _____
 ECO _____
 ENG _____
 GCL _____
 IDM _____
 TEL _____
 CLK _____

*redacted
Attachment A*

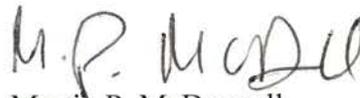
RUTLEDGE ECENIA

2. Attachment "B" – a sealed envelope marked "CONFIDENTIAL" containing NEFCOM's FCC Form 481, Carrier Annual Reporting Data Collection form with the specific information claimed to be confidential highlighted.

Pursuant to section 364.183(1), F. S., upon the filing of NEFCOM's claim that such information is proprietary and confidential business information, such information shall be kept confidential and shall be exempt from section 119.07(1), F.S., and section 24 (a), ART. I of the State Constitution. Pursuant to section 364.183(4), F.S., staff may retain this information for as long as necessary for the Commission to conduct its business.

Please acknowledge receipt of this filing by stamping and initialing the extra copy of this letter and returning same to the courier. If you have any questions, please do not hesitate to contact me. Thank you for your assistance with this filing.

Sincerely,

A handwritten signature in black ink, appearing to read "M.P. McDonnell". The signature is written in a cursive, somewhat stylized font.

Martin P. McDonnell

Enclosures

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned authority, appeared Deborah Nobles who deposed and said:

1. My Name is Deborah Nobles. I am employed by Northeast Florida Telephone Company ("NEFCOM" or "the Company") as it Vice President of Regulatory Affairs. I am an officer of the Company and am authorized to give this affidavit on behalf of the Company. This affidavit is being given to support the Florida Public Service Commission's certification as contemplated in 47 C.F.R. §54.314.
2. NEFCOM hereby certifies to the Florida Public Service Commission that it is eligible to receive federal high-cost support for the program years cited.
3. I, Deborah Nobles, attest for the Study Area Code 210335, all high-cost support provided to NEFCOM was used in the preceding calendar year (2013) and will be used in the coming year (2015) only for the provision, maintenance, and upgrading of facilities and services for which the support was intended.

FURTHER THE AFFIANT SAYETH NOT.

Deborah Nobles
Signature

June 26, 2014
Date

VP of Regulatory Affairs
Title

904-688-0029
Contact phone number

SUBSCRIBED AND SWORN TO BEFORE ME this 26th day of June, 2014.



Kim Jackson
Kim Jackson, Notary Public

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Northeast Florida Telephone Company**

Signature of authorized officer *Deborah Nobles* Date **6/19/14**

Printed name of authorized officer **Deborah Nobles**

Title or position of authorized officer **Vice President of Regulatory Affairs**

Telephone number of authorized officer: **(904) 688-0029** ext.

Study Area Code of Reporting Carrier	210335	Filing Due Date for this form (mm/dd/yyyy)	07/01/2014
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RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	210335
2	Carrier Study Area Name	alpha characters	NORTHEAST FLORIDA TEL. CO., INC.
3	Service Provider Identification Number	9 numeric digits	143001439
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/14
5	Contact Name	alpha characters	Shafter, Brandon R
6	Contact Telephone Number (include area code)	9 numeric digits	904-688-0051
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	14.00	0.00	0.00	0.00	4,939

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Deborah Nobles
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9046880029 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dnobles@townes.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
--	---	---

			(check box when complete)	
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>			
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	
<300>	Unfulfilled Service Requests (voice) <input style="width: 50px;" type="text" value="0"/>			
<310>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>			
<320>	Unfulfilled Service Requests (broadband) <input style="width: 50px;" type="text" value="0"/>		<input checked="" type="checkbox"/>	
<330>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>			
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed <input style="width: 40px;" type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile <input style="width: 40px;" type="text"/>			
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	
<440>	Fixed <input style="width: 40px;" type="text" value="0.0"/>			
<450>	Mobile <input style="width: 40px;" type="text" value="0.0"/>			
<500>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">210335f1510.pdf</div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">210335f1610.pdf</div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<800>	Operating Companies and Affiliates <i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>			
<1000>	Voice Services Rate Comparability <i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	
<1010>	<div style="border: 1px solid black; padding: 2px;">210335f11010.pdf</div> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>			
<1110>	<i>(complete attached worksheet)</i>			
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <i>(check to indicate certification)</i>			
<2005>	<i>(complete attached worksheet)</i>			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	9046880029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<110> Has your company received its ETC certification from the FCC? (yes / no)

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)

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.

210335f1112.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.

**(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 Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035> Contact Telephone Number - Number of person identified in data line <030>	9046880029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<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 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)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	9046880029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.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)

(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
--	--

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	9046880029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

210335f11210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"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.

(3000) 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	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035> Contact Telephone Number - Number of person identified in data line <030>	9046880029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.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)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(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

(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

(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

210335f13026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035> Contact Telephone Number - Number of person identified in data line <030>	9046880029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

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:	NORTHEAST FLORIDA
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/26/2014
Printed name of Authorized Officer:	Deborah Nobles
Title or position of Authorized Officer:	Vice President of Regulatory Affairs
Telephone number of Authorized Officer:	9046880029 ext.
Study Area Code of Reporting Carrier:	210335 Filing Due Date for this form: 07/01/2014
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

Response to Line 112
Northeast Florida Telephone Company
Study Area 210335

Initial Five-year Service Quality Improvement Plan – 47 C.F.R. §54.202(a)

Northeast Florida Telephone Company (“NEFCOM”) submits its initial five-year build-out Service Quality Improvement Plan pursuant to C.F.R. §54.202(a)(1)(ii) that specifies the proposed improvements or upgrades to NEFCOM’s network throughout its service area. In addition, NEFCOM is providing information that includes an estimate of the population that will be served as a result of these improvements.

The receipt of USF support, combined with other funding sources will allow NEFCOM to continue to meet its broadband obligations within its service area, complete service requests within a reasonable amount of time, and provide reliable, state-of-the-art, high-quality voice and broadband service, to its 6,138 rural customers in 3 wire center. The projects listed within this plan will be used to improve or upgrade the network over the next five years.

2019 Proposed Network Improvements/Upgrades										
Project Name	Voice					BROADBAND				
	Estimated Cost	Estimated Start Date	Estimated Completion Date	Area Served	Estimated Population Served	Estimated Cost	Estimated Start Date	Estimated Completion Date	Area Served	Estimated Population Served

CONFIDENTIAL FINANCIAL INFORMATION SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS 01-92, 96-45, GN DOCKET NO 09-51, WT DOCKET NO 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.

Carrier Name: Northeast Florida Telephone Company
Carrier SPIN: 143001439
Carrier SAC: 210335
Operating State: Florida

Line 510: Service Quality Standards and Consumer Protection Rules Compliance

Northeast Florida Telephone Company ("NEFCOM" or "the Company") established a Quality of Service Policy ("Policy") that incorporates the service objectives previously included in the Florida Public Utility Commission's rules. The Policy guarantees NEFCOM will meet all service standards or provide a \$25.00 service standard credit to any customer if it is determined that NEFCOM failed to meet the service standard goals.

NEFCOM complies with the following federal consumer protection rules and regulations:

FCC 47 C.F.R. §§64.2001-64.2011 – Customer Proprietary Network Information ("CPNI")
FTC 16 C.F.R. §681.2 – Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003

All customer protection and disclosures established by the Fair Credit Reporting Act (15 U.S.C. §§1681, *et seq.*) and the Truth in Lending Act (15 U.S.C. §§1601, *et seq.*)

The Company has a CPNI Policy Manual detailing and enforcing the requirements of the federal CPNI rules. Each year, the CPNI Compliance Officer (1) communicates with the Company's attorneys and/or consultants regarding CPNI responsibilities, requirements and restrictions; (2) supervises the training of Company employees and agents who use or have access to CPNI; (3) supervises the use, disclosure, distribution or access to the Company's CPNI by independent contractors and joint venture partners; (4) maintains records regarding the use of CPNI in marketing campaigns; and (5) receives, reviews and resolves questions or issues regarding use, disclosure, distribution or provision of access to CPNI. The CPNI Compliance Officer certifies compliance annually with the FCC by March 1.

The Company has an Identity Theft Prevention Program ("the Program") that was approved by the Board of Directors in September 2008. The Board appointed Red Flag Coordinator is responsible for updating the Program as necessary; the day-to-day supervision of the Program; training Company employees regarding their responsibilities with respect to the Program; and responding to employee questions and concerns regarding identity theft or the Program. The Red Flag Coordinator is required to annually prepare an Identity Theft Prevention Program Compliance Report for the Board's approval by October 1. The Identity Theft Prevention Program Compliance Report evaluates the effectiveness of the Program; the nature and extent of the Company's service provider arrangements and their impact on the effectiveness of the Program; reports any significant incidents involving identity theft and the Company's response to such incidents; and provides recommendations to the Board for periodic reviews of the Program and the adoption of material changes and other revisions, modifications and updates to the Program.

Carrier Name: Northeast Florida Telephone Company
Carrier SPIN: 143001439
Carrier SAC: 210335
Operating State: Florida

Line 610: Functionality in Emergency Situations

Northeast Florida Telephone Company ("NEFCOM" or "the Company") has an Emergency Operations Plan ("EOP" or "the Plan") that addresses the requirements for continuity of service and systematic restoration of service after loss of service due to an emergency. The EOP is administered and maintained by a member of senior management of the parent company, Townes Telecommunications, Inc., and is reviewed annually to ensure that each applicable section is accurate and any changes or updates to the Plan are made on a timely basis.

An Emergency Director has been authorized to implement the provisions of the EOP. The Emergency Director conducts training with employees and is responsible for ensuring that all new employees are provided a 30 minute overview of the Plan as part of their orientation. Specific supervisory personnel receive additional intense instructions regarding special areas of the Plan

The Plan established an Emergency Committee made up of senior management and key company personnel, who upon notification by the Emergency Director that a potential emergency exists, convene to declare an emergency, notify affected parties and assume control of restoration of service efforts.

An emergency control center is established at the Company's business office, which is equipped with a back-up power generator and a wireless telephone set. Depending upon the severity and type of emergency and the safety of the emergency location, a control center may be established at the site of the event.

In case of power outages, batteries in the central office will last on average from 4-8 hours depending on how many lines (AMP load) are served at that particular location. The stand-by generator has 24 hour diesel capacity and small generators are available to be put on smaller concentrators if power is lost. The small generators have to be refueled every few hours.

Response to Line 1010
Northeast Florida Telephone Company
Study Area No. 210335

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Northeast Florida Telephone Company ("NEFCOM") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. NEFCOM's current total local end-user rate¹ of \$14.00 (Florida has no mandated state fees) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

Carrier Name: Northeast Florida Telephone Company
 Carrier SPIN: 143001439
 Carrier SAC: 210335
 Operating State: Florida

Line 1210: Terms and Conditions for Lifeline Program Customers

Northeast Florida Telephone Company (“NEFCOM” or “the Company”) complies with the FCC CFR 47 §§54.4, Universal Service Support for Low-Income Customers and the Florida Public Service Commission’s rule 25-4.0665 relating to Lifeline Service. The Company has developed a Lifeline Program Policy & Procedures Manual, which incorporates both the federal and state Low-Income Program requirements. Lifeline is a non-transferable retail service offering for which qualifying low-income consumers receive a \$9.25 federal discount and a \$3.50 company discount on flat rated basic local telephone service, whether it is purchased on a stand-alone basis or as part of a bundled service that includes voice and data services and optional calling features. Lifeline customers are charged a separate charge for toll calls, but are provided Toll Blocking free of charge if they elect to subscribe to the service. The Lifeline supported services are as shown below:

	NEFCOM	
Residence Access Line	14.00	
Federal SLC	6.50	
Total Monthly Rate	20.50	
<u>Lifeline Discounts to Total Monthly Rate:</u>		
Federal Flat Rate Lifeline Support	(9.25)	<i>FCC 497: Lifeline Worksheet</i>
Company Lifeline Support	(3.50)	
Total Lifeline Service Monthly Rate	(12.75)	
Net Monthly Local Service for Lifeline Customer	7.75	

Additional Services:

Toll Blocking is free to Lifeline customers who subscribe to this service.

The company is required to include the Lifeline Service Program in their Local Exchange Tariff. The rates for basic local residential service are also contained in the Local Exchange Tariff and the rates for the federal SLC are included in the NECA Tariff No. 5. Changes to any of these rates must be approved by the appropriate regulatory agency.

3005b IncomeStatement		
Current Value For Total Fixed Charges (26)		Error Status
Prior Year	1	Value is valid.
This Year	1	Value is valid.

	Number of fields with invalid data
3005a BalanceSheet	0
3005b IncomeStatement	0
3005c Cashflow	0

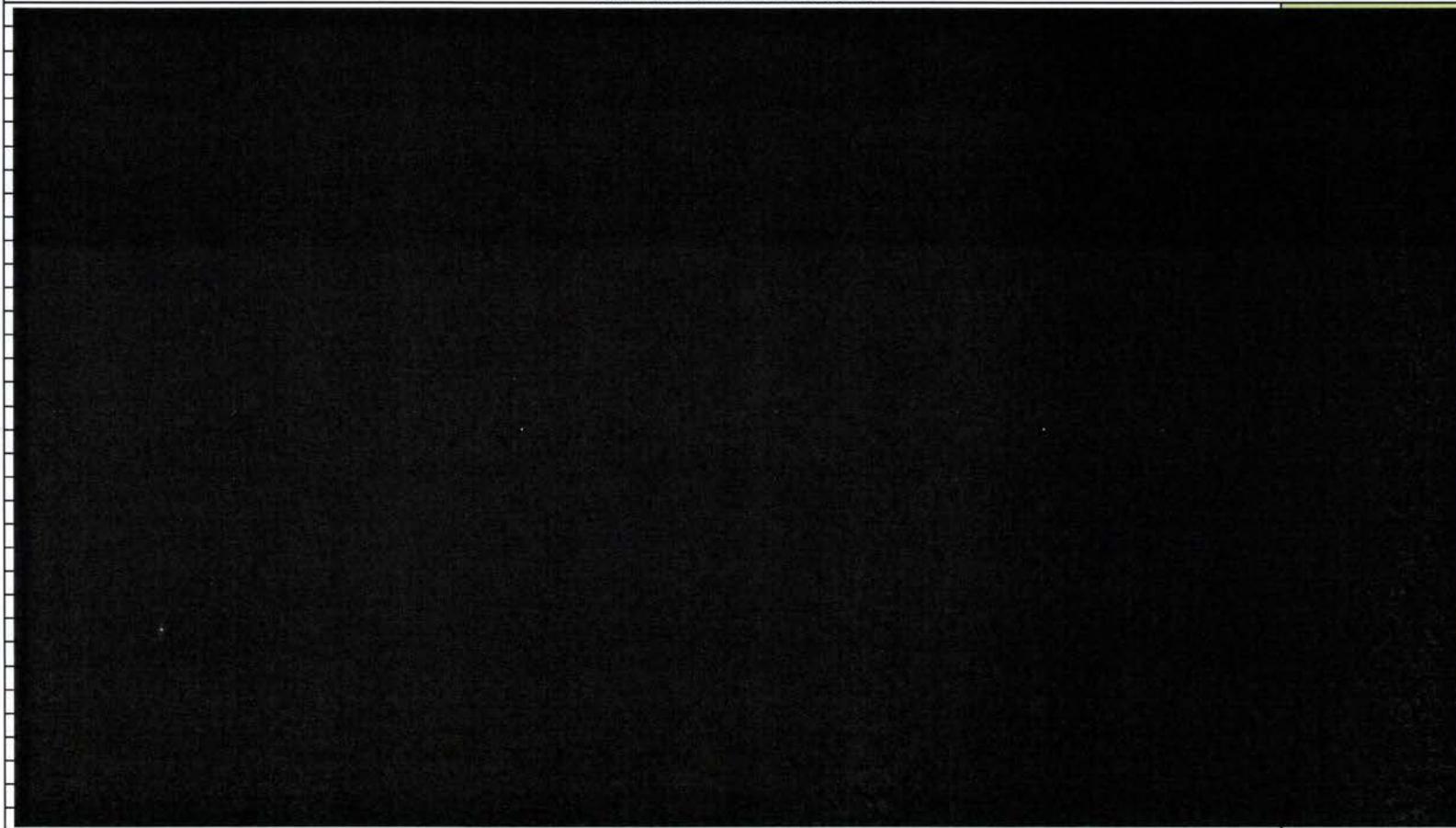
Mandatory fields that are blank			
Worksheet	Input Item	Line Item	Error Status
3005a BalanceSheet	Study Area Code	<010>	OK
3005a BalanceSheet	Study Area Name	<015>	OK
3005a BalanceSheet	Program Year	<020>	OK
3005a BalanceSheet	Contact Name - Person USAC should contact regarding this data	<030>	OK
3005a BalanceSheet	Contact Telephone Number - Number of person identified in data line <030>	<035>	OK
3005a BalanceSheet	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	OK
3005c Cashflow	Explanation for cell C20	5	OK
3005c Cashflow	Explanation for cell C39	22	OK
3005c Cashflow	Explanation for cell C45	27	OK

Totals that can not be zero			
Worksheet	Input Item	Line Item	Error Status
3005a BalanceSheet	Total Assets	24	OK
3005a BalanceSheet	Total Liabilities and Equity	59	OK
3005b IncomeStatement	Input items for prior year		OK
3005b IncomeStatement	Input items for current year		OK

<010> Study Area Code
<015> Study Area Name
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
<035> Contact Telephone Number - Number of person identified in data line <030>
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 210335
<015> Northeast Florida Telephone Company
<020> 2015
<030> Deborah Nobles
<035> 904-688-0029
<039> dnobles@townes.net

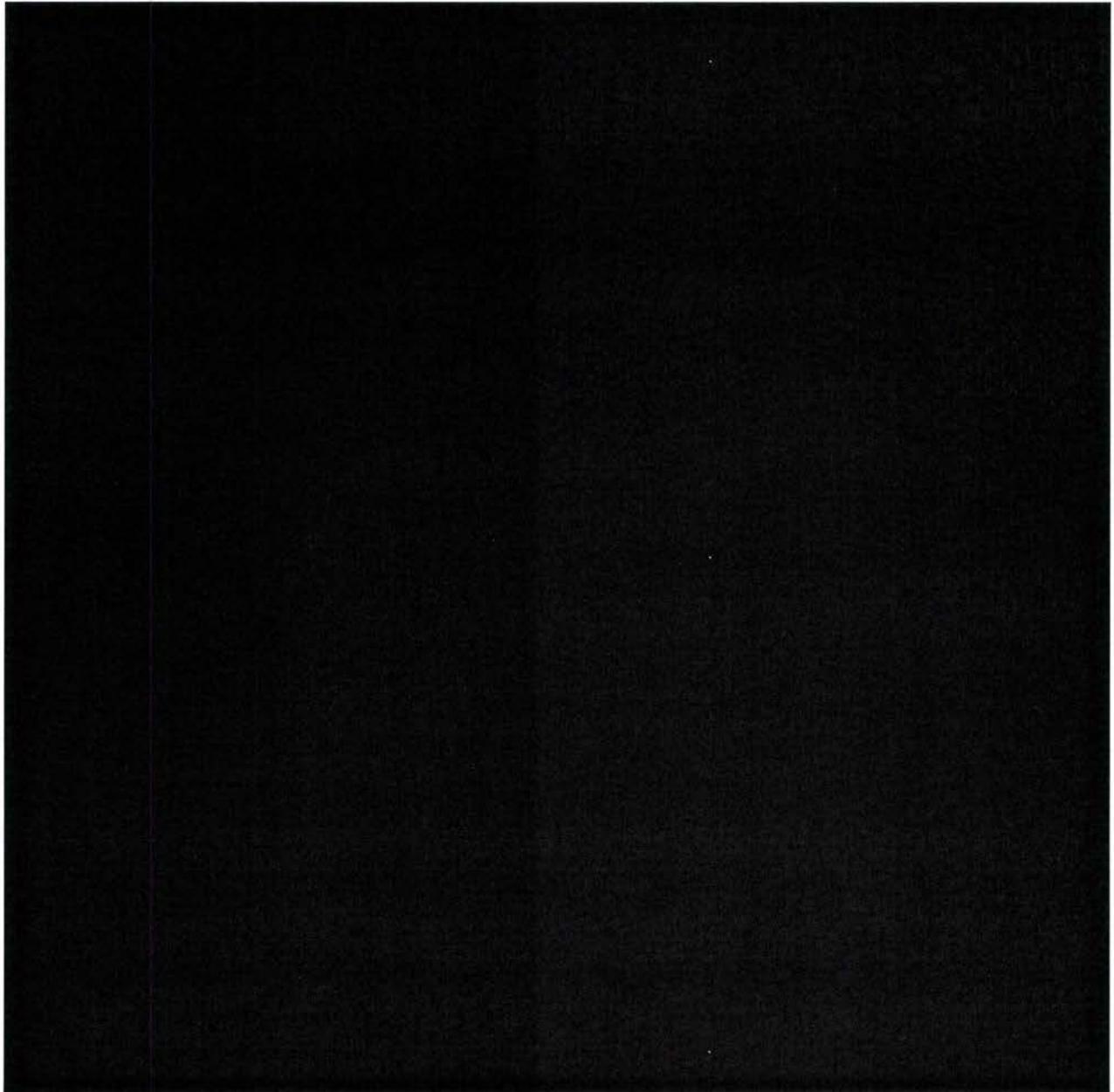
PART C. STATEMENTS OF CASH FLOWS

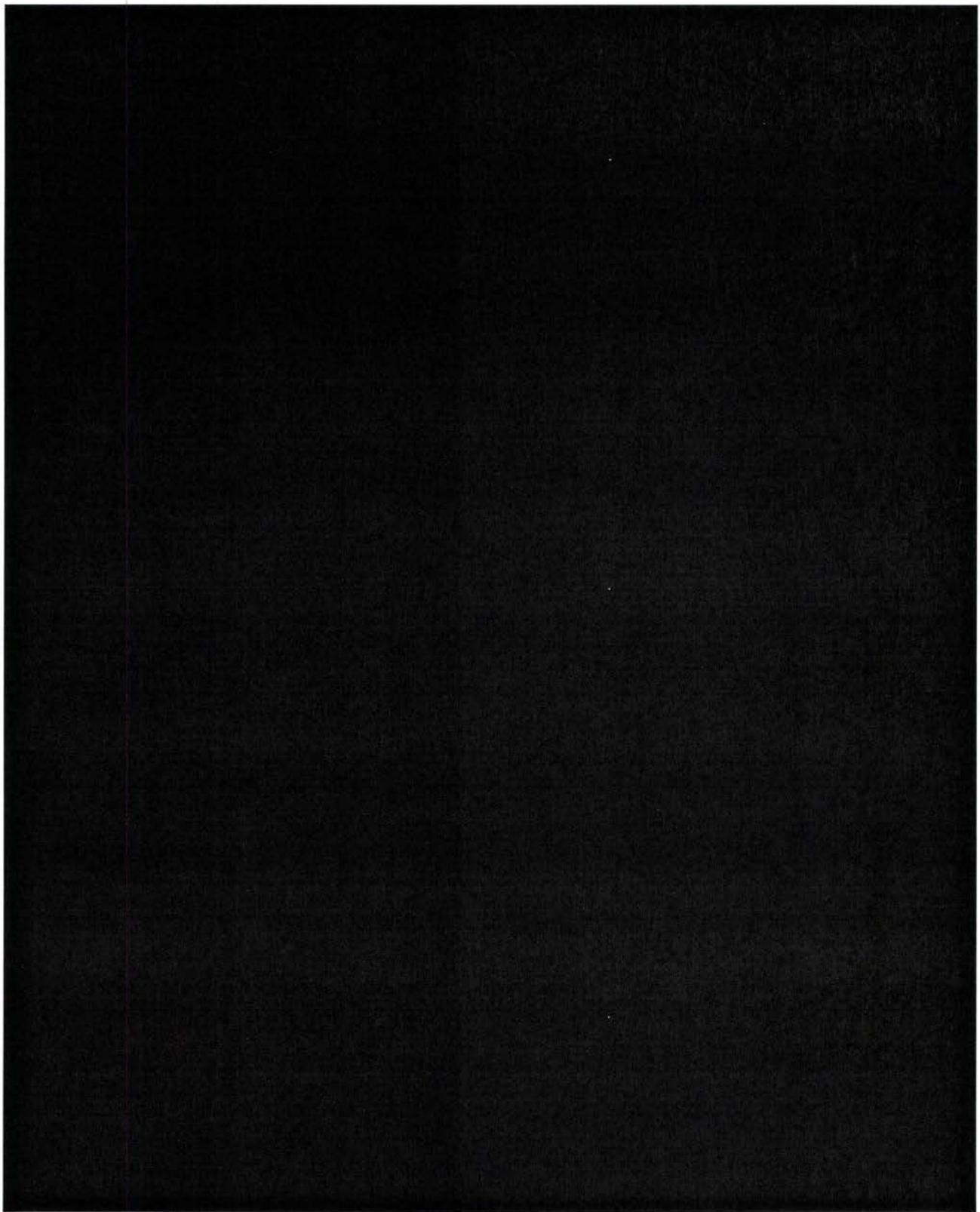


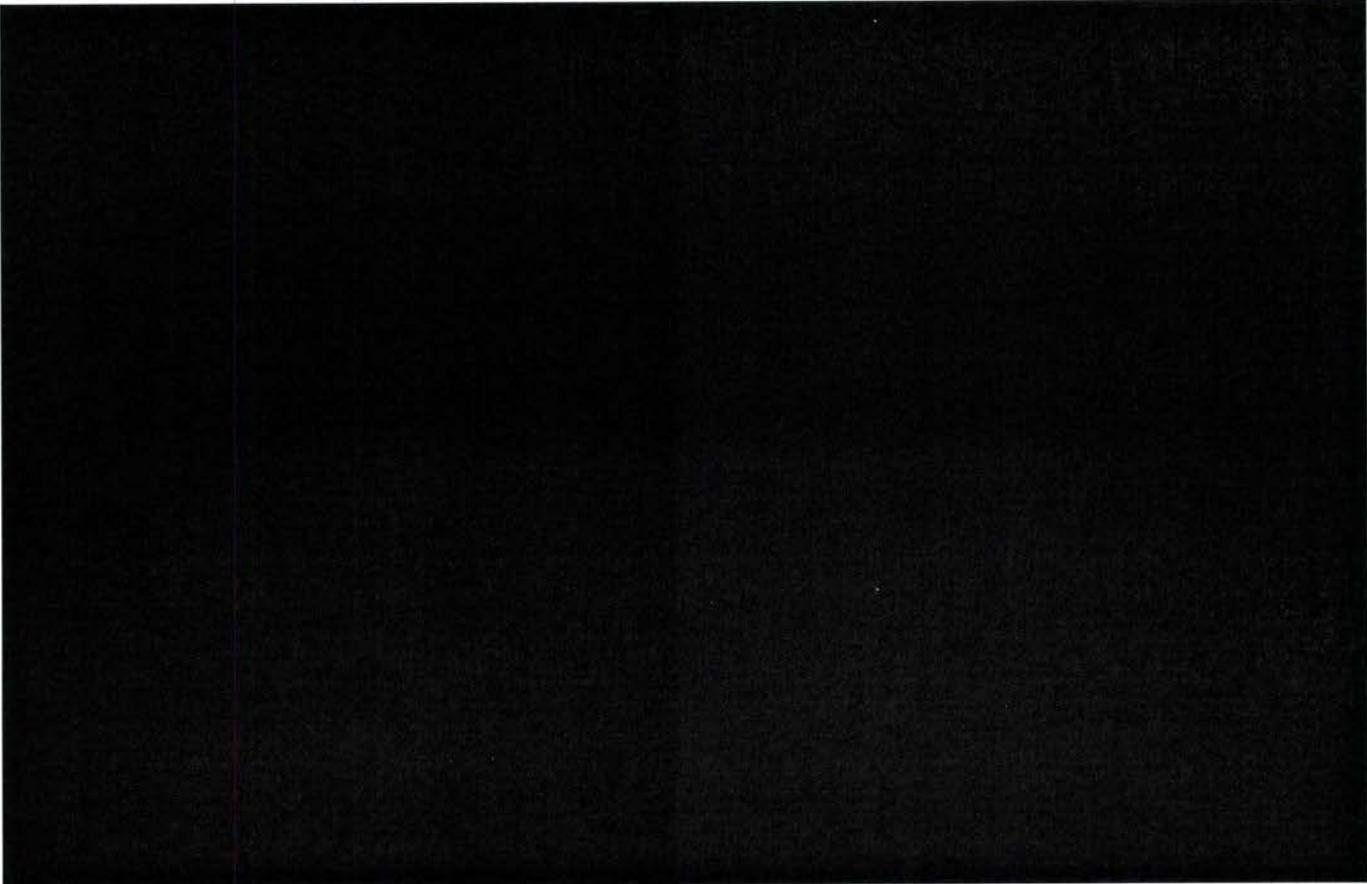
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CONFIDENTIAL FINANCIAL INFORMATION SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS 01-92, 96-45, GN DOCKET NO 09-51, WT DOCKET NO 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.