

RUTLEDGE ECENIA

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

MICHAEL J. BARRY
STEPHEN A. ECENIA
DIANA M. FERGUSON
MARTIN P. McDONNELL
J. STEPHEN MENTON
CRAIG D. MILLER
R. DAVID PRESCOTT

POST OFFICE BOX 551, 32302-0551
119 SOUTH MONROE STREET, SUITE 202
TALLAHASSEE, FLORIDA 32301-1841

TELEPHONE (850) 681-6788
TELECOPIER (850) 681-6515
www.rutledge-ecenia.com

MARSHA E. RULE
GARY R. RUTLEDGE
MAGGIE M. SCHULTZ
GABRIEL F.V. WARREN
GOVERNMENTAL CONSULTANT
JONATHAN M. COSTELLO
OF COUNSEL
HAROLD F. X. PURNELL

June 24, 2015

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

REDACTED

RECEIVED FPSC
15 JUN 24 AM 10:22
COMMISSION
CLERK

RE: PSC Docket No. 150153-TP
Northeast Florida Telephone Company's Form 481
and
Claim of Confidential Classification

Dear Ms. Stauffer:

The following documents are enclosed for filing in the above-referenced docket on behalf of Northeast Florida Telephone Company d/b/a NEFCOM ("NEFCOM"):

- (1) Attachment "A" – two copies of NEFCOM's FCC Form 481, with the specific information claimed to be confidential redacted; and
- (2) Confidential Attachment "B" – a sealed envelope marked "CONFIDENTIAL" containing confidential pages from NEFCOM's FCC Form 481, with confidential information highlighted in yellow.

CLAIM OF CONFIDENTIAL CLASSIFICATION

COM _____ Pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5)(a), Florida
 AFD _____ Administrative Code, NEFCOM claims that certain financial information in Attachment "B" is
 APA _____ confidential. Specifically, data that is redacted from Attachment "A" hereto and highlighted in
 ECO _____ Confidential Attachment "B" is confidential and proprietary information that should be kept
 ENG _____
 GCL _____

IDM _____
 TEL Redacted
 CLK _____

RUTLEDGE ECENIA

Ms. Carlotta Stauffer
June 24, 2015
Page 2

confidential and exempt from public disclosure because such disclosure would provide NEFCOM's competitors with proprietary confidential information regarding the company's involvement in the highly competitive market which services within its service territory.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the copy to me. Thank you for your assistance with this filing.

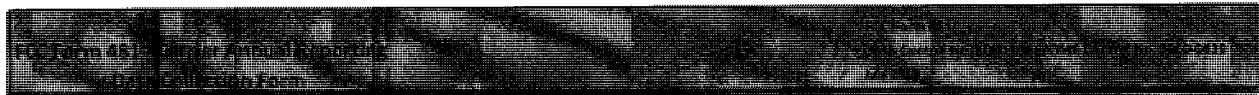
Sincerely,

A handwritten signature in blue ink that reads "Marsha E. Rule". The signature is fluid and cursive, with the first name "Marsha" being the most prominent part.

Marsha E. Rule

MER/rl
Enclosures

PUBLIC
ATTACHMENT A
(REDACTED)



<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Amanda Molina
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9044037533 ext .
<039>	Contact Email Address: Email of the person identified in data line <030>	amolina@townes.net



<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">210335f1510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">210335f1610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	<input type="text" value="Yes"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>		(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	<input type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet	(complete attached worksheet)	<input checked="" type="checkbox"/>	<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	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<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) <input type="radio"/> <input type="radio"/>

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.

210335f1112.pdf

<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.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) 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 much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

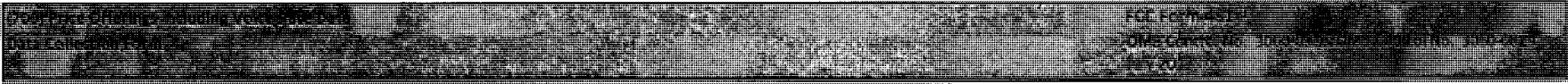
Yes
Yes
Yes
Yes
Yes
Yes

**(200) Service Outage Reporting (Voice)
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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	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



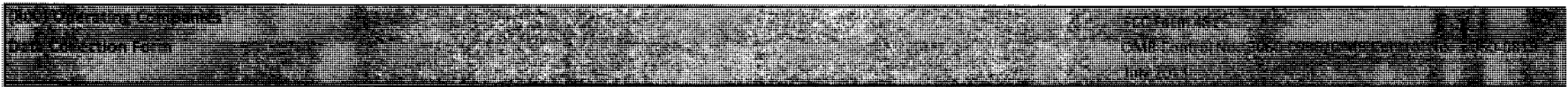
<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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

1/1/2015

<703>

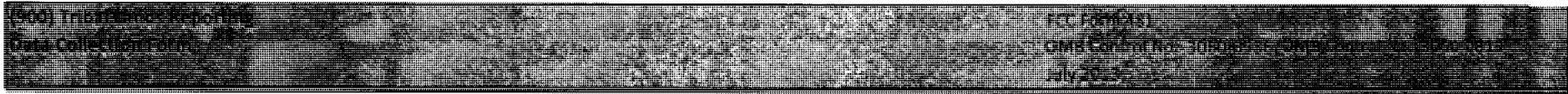
<b1>	<b2>	<b3>	<b4>	<b5>	<b6>	<b7>	<b8>	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
-- See attached worksheet								



<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<810> Reporting Carrier	Northeast Florida Telephone Company
<811> Holding Company	Townes Telecommunications, Inc.
<812> Operating Company	Northeast Florida Telephone Company

<813>

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
-- See attached worksheet --		



<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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

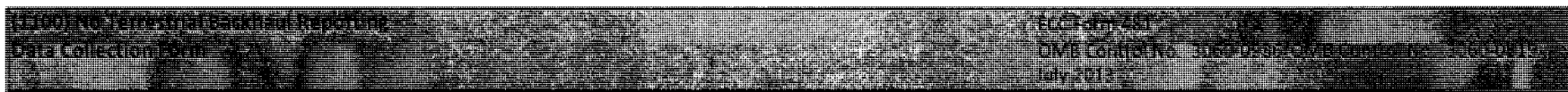
<920> Tribal Government Engagement Obligation

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 or No or Not Applicable



<010>	Study Area Code	210335
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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

1200 Terms and Conditions for Lifeline Customers
Data Collection Form

<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@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.



<010>	Study Area Code	
<015>	Study Area Name	210335
<020>	Program Year	NORTHEAST FLORIDA
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Amanda Molina
<039>	Contact Email Address - Email Address of person identified in data line <030>	9048037333 ext. amolina@townes.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen 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

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)iii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap 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)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@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.

210335f13010.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 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.

210335f13012.pdf

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

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)
(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

[Redacted]

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 and 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

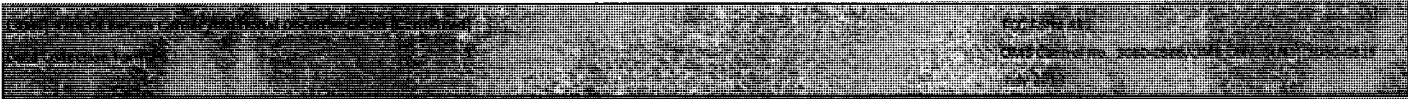
(3024) Underlying information subjected to an officer certification.

(3025) Document(s) 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



<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

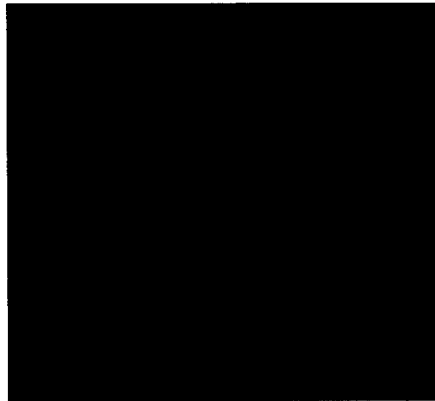
(3030) Telephone Plant In Service(TPIS)

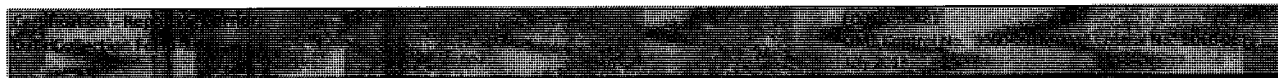
(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends





<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@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 06/20/2015
Printed name of Authorized Officer: Deborah Nobles	
Title or position of Authorized Officer: VP of Regulatory Affairs	
Telephone number of Authorized Officer: 9042590029 ext.	
Study Area Code of Reporting Carrier: 210335	Filing Due Date for this form: 07/01/2015
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.	

<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I 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: _____
<small>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.</small>	

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 Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>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.</small>	

Attachments

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

PROGRESS REPORT FOR FIVE-YEAR NETWORK IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

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 for voice and broadband services

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.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

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

Line 610: Functionality in Emergency Situations for voice and broadband services

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.

The Company’s standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

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.

Carrier Name: Northeast Florida Telephone Company
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Operating State: Florida

Line 3010: Milestone Certification

Northeast Florida Telephone Company ("Northeast Florida" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.202(a) and § 54.313(f)(1)(i), hereby submits this letter of certification that the Company is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Carrier Name: Northeast Florida Telephone Company
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Operating State: Florida

Line 3012: Data on Community Anchor Institutions

Northeast Florida Telephone Company ("Northeast Florida" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.313(f)(1)(ii), hereby submits the number, names, and addresses of community anchor institutions to which the Company newly began providing access to broadband service in the preceding calendar year.

1. Northeast Florida Telephone Company does not have any newly served community anchor institutions to submit because all community anchor institutions are already being served.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 3026

**FINANCIAL REPORT IN FORMAT COMPARABLE TO RUS OPERATING REPORT
FOR TELECOMMUNICATIONS BORROWERS**

ATTACHMENT REDACTED IN ENTIRETY