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June 27, 2016

**REDACTED**

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

RE: PSC Docket No. 160119-TP  
Northeast Florida Telephone Company's Form 481  
and  
Claim of Confidential Classification

RECEIVED-FPSC  
2016 JUN 27 AM 10:44  
COMMISSION  
CLERK

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**

Pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5)(a), Florida Administrative Code, NEFCOM claims that certain financial and other information in Attachment "B" is confidential. Specifically, data and information that is redacted from Attachment "A" hereto and highlighted in Confidential Attachment "B" is confidential and

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

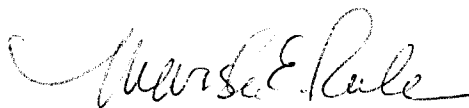
**RUTLEDGE ECENIA**

Ms. Carlotta Stauffer  
June 27, 2016  
Page 2

proprietary information that should be kept 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 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 cursive script that reads "Marsha E. Rule". The signature is written in black ink and is positioned above the printed name.

Marsha E. Rule

MER/rl  
Enclosures

**Attachment A**

**REDACTED**

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-2004, OMB Control No. 3060-4815  
July 2011

<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2017
<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>	9042590029 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	amolina@townes.net
Form Type	54.313 and 54.422

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	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	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 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? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please 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 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

<b>(200) Service Outage Reporting (Voice)</b> <b>Data Collection Form</b>	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 2017

---

<030> Contact Name - Person USAC should contact regarding this data Amanda Molina

---

<035> Contact Telephone Number - Number of person identified in data line <030> 9042590029 ext.

---

<039> Contact Email Address - Email Address of person identified in data line <030> amolina@townes.net

<210> For the prior calendar year, were there any reportable voice service outages? Yes

	<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	

-- See attached  
worksheet --

**(300) Unfulfilled Service Request  
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	2017
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<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  
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	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Ananda Molina	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@covnes.net	
<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		0.169492
<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  
Data Collection Form

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

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHMEAD7 FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	210335f1510.pdf

**(600) Functionality in Emergency Situations  
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	2012
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@ownea.net
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	210335f1610.pdf



**(710) Broadband Price Offerings  
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	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)

See attached worksheet

**(800) Operating Companies  
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	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 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 --		

**(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 2017  
 <030> Contact Name - Person USAC should contact regarding this data Amanda Molina  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9042590029 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> amolina@townes.net

<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 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

**(1000) Voice and Broadband Service Rate Comparability  
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	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

---

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

---

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

<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

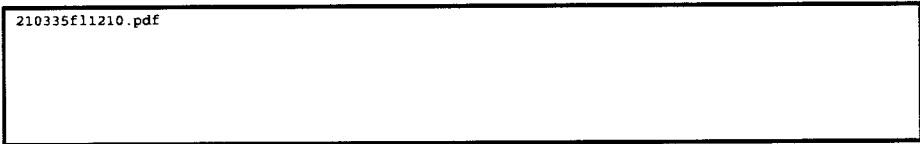
<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 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



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.

<b>(2000) Price Cap Carrier Additional Documentation</b> Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

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**

- |  |   |   |
|--|---|---|
| <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support  | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2022> Recipient certifies, representing year two 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 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2023> 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 two - 54.313(b)(2)(ii). Round 2 recipients only.   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2024A> Round 2 Recipient of Incremental Support?  | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> |
| <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.   | Name of Attached Document Listing Required Information  | <input style="width: 100%; height: 60px;" type="text"/> |
| <2025A> Round 1 or Round 2 Recipient of Incremental Support?   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2025B> Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-  | Name of Attached Document Listing Required Information  | <input style="width: 100%; height: 60px;" type="text"/> |
| <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)  | <input style="width: 100%; height: 20px;" type="text"/> |   |

**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)}**

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing Required Information

<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)(2)(ii)

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)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

Complete the items below to note compliance with 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.

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

(3009)

(3010A) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Yes - Attach Certification

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) No - No New Community Anchors

(3012B) Please Provide Attachment 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 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

(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) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

<b>(3005) Rate Of Return Carrier Additional Documentation (Continued)</b>	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	2017
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 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



4005 Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3045-0066, OMB Control No. 3045-0078 July 2017
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<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9042590029 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townee.net

#### 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.

**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 (paragraph 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 speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information \_\_\_\_\_

Certification - Reporting Carrier Data Collection Form	FCC Form 424 CAF/LS Control No. 3050-0586/CAF/LS Control No. 3050-0810 July 2013
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 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:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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 06/22/2016
Printed name of Authorized Officer:	Amanda Molina
Title or position of Authorized Officer:	Vice President of External Relations
Telephone number of Authorized Officer:	9042590029 ext.
Study Area Code of Reporting Carrier:	210335 Filing Due Date for this form: 07/01/2016
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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 483 OMB Control No. 3060-0680, OASIS Control No. 3060-0610 July 2016
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9042590029 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: _____
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.	

**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 Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
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: _____
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

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**PROGRESS REPORT FOR FIVE-YEAR NETWORK IMPROVEMENT PLAN**

**ATTACHMENT REDACTED IN ENTIRETY**

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 200  
SERVICE OUTAGE REPORTING**

**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

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 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	
<b>Total Monthly Rate</b>	<b>20.50</b>	
<b><u>Lifeline Discounts to Total Monthly Rate:</u></b>		
Federal Flat Rate Lifeline Support	(9.25)	<i>FCC 497: Lifeline Worksheet</i>
Company Lifeline Support	(3.50)	
<b>Total Lifeline Service Monthly Rate</b>	<b>(12.75)</b>	
<b>Net Monthly Local Service for Lifeline Customer</b>	<b>7.75</b>	

**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  
Carrier SPIN: 143001439  
Carrier SAC: 210335  
Operating State: Florida

Line 3010: Milestone Certification

Northeast Florida Telephone Company ("NEFCOM" 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 10Mbps 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.

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 3026**

**AUDITED FINANCIAL STATEMENT**

**ATTACHMENT REDACTED IN ENTIRETY**