June 16, 2015

REDACTED-FOR PUBLIC INSPECTION

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


Dear Ms. Dortch:

On behalf of Arctic Slope Telephone Association Cooperative, Inc. ("ASTAC"), GVNW Consulting, Inc. hereby submits the attached redacted and confidential versions of its “FCC Form 481 - Carrier Annual Reporting Data Collection” information pursuant to sections 54.313 and 54.422 of the Commission’s rules, as filed with the Universal Service Administrative Company. A copy is also being submitted to the Public Utility Commission of Alaska.

ASTAC requests confidential treatment pursuant to sections 0.457 and 0.459 of the Commission’s rules for 1) the Progress Report required by section 54.313(a)(1), 2) certain Broadband speeds noted on Line 711 required by section 54.313(a)(7) provided to commercial operations on the North Slope; 3) Financial Data required by section 54.313(f)(2) to be attached to this report, and as identified on Lines 3027-3024 of FCC Form 481. The information contained in the Progress Report, the Financials and on Line 711 contain competitively sensitive information that is secure from public access which could be used by a competitor to disadvantage or harm ASTAC.

Further, ASTAC requests confidential treatment pursuant to sections 0.457 and 0.459 of the Commission’s rules for those items in the annual Board Meeting Minutes not related to the Tribal Engagement Obligation required by section 54.313(a)(9). As a matter of policy, the information contained in the Board Meeting Minutes is only available to the membership of the Cooperative, not the general public.

No. of Copies rec'd 0+1
List ABCDE
In accordance with the Protective Order, two redacted copies marked "REDACTED – FOR PUBLIC INSPECTION" and one non redacted confidential version marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION" are being filed with the Commission. A redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please contact me at 503-612-4418.

Sincerely,

Ken Snow
GWNW Consulting, Inc.

Enclosures

cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies, confidential)
J. Smith, GWNW
<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 <110> 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)(3). If your company is a CETF 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
[ ] [ ] [ ] [ ] Not Applicable
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<th>Reference Number</th>
<th>Outage Start Date</th>
<th>Outage Start Time</th>
<th>Outage End Date</th>
<th>Outage End Time</th>
<th>Number of Customers Affected</th>
<th>Total Number of Customers</th>
<th>911 Facilities Affected (Yes/No)</th>
<th>Service Outage Description (Check all that apply)</th>
<th>Did This Outage Affect Multiple Study Areas (Yes/No)</th>
<th>Service Outage Resolution</th>
<th>Preventative Procedures</th>
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<td>Exchange (EXC)</td>
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<td>Rate Type</td>
<td>Residential Local Service Rate</td>
<td>State Subscriber Line Change</td>
<td>State Universal Service Fee</td>
<td>Mandatory Extended Area Service Charge</td>
<td>Total per Fee Rates and Fees</td>
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- See attached worksheet
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<tr>
<th>State</th>
<th>Exchange (LEC)</th>
<th>Residential Rate</th>
<th>State Regulated Rate</th>
<th>Total Rate and Fees</th>
<th>Broadband Service - Download Speed (Mbps)</th>
<th>Broadband Service - Upload Speed (Mbps)</th>
<th>Usage Allowance (GB)</th>
<th>Usage Allowance Action Taken When Exceeded</th>
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</thead>
</table>

See attached worksheet.
<table>
<thead>
<tr>
<th>Study Area Code</th>
<th>Study Area Name</th>
<th>Program Year</th>
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<tbody>
<tr>
<td>613601</td>
<td>ERPUC BNEK TEL</td>
<td>2016</td>
</tr>
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</table>

**Contact Information**

- **Name:** Glover, Melissa
- **Telephone:** 907-642-3250 ext.
- **Email:** mglover@asrac.com

**Reporting Entity**

- Arctic Slope Telephone Association Cooperative, Inc.

**Holding Company**

- Arctic Slope Telephone Association Cooperative, Inc.

**Operating Company**

- Arctic Slope Telephone Association Cooperative, Inc.

### Affiliates

<table>
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<tr>
<th>Affiliates</th>
<th>SAC</th>
<th>Doing Business As Company or Brand Designation</th>
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</thead>
</table>

**See attached worksheet**
### Tribal Land(s) on which ETC Serves

- North Edge Borough

### Tribal Government Engagement Obligation

<table>
<thead>
<tr>
<th>Needs assessment and deployment planning with a focus on Tribal community anchor institutions.</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Feasibility and sustainability planning</td>
<td>Yes</td>
</tr>
<tr>
<td>Marketing services in a culturally sensitive manner</td>
<td>Yes</td>
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<tr>
<td>Compliance with Rights of way processes</td>
<td>Yes</td>
</tr>
<tr>
<td>Compliance with Land Use permitting requirements</td>
<td>Yes</td>
</tr>
<tr>
<td>Compliance with Facilities Sitting rules</td>
<td>Yes</td>
</tr>
<tr>
<td>Compliance with Environmental Review processes</td>
<td>Yes</td>
</tr>
<tr>
<td>Compliance with Cultural Preservation review processes</td>
<td>Yes</td>
</tr>
<tr>
<td>Compliance with Tribal Business and Licensing requirements</td>
<td>Yes</td>
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</table>

If your company serves Tribal lands, please select (Yes/No, NA) for each of these boxes to confirm the status described on the attached document(s), on line 520, demonstrates coordination with the Tribal government pursuant to 54.313(a)(3) includes:

- Select:
  - Yes or No or Not Applicable
  - Yes
  - No
  - NA
<1130> 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).
<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

*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(p)(2) annual reporting for ETCs receiving low-income support; carriers must annually report:

- Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, [✓]
- Details on the number of minutes provided as part of the plan, [✓]
- Additional charges for toll calls, and rates for each such plan, [✓]
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support. For 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)(1)(i)(A) and 47 CFR § 54.313(b)(1)(i)(B). The information reported on this form used in the documents attached below to accurate.

Incremental Connect America Phase I reporting

<table>
<thead>
<tr>
<th>Yearly Certification</th>
<th>2nd Year Certification</th>
<th>3rd Year Certification</th>
<th>Attachment</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
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Preliminary Carrier Receiving Fossam Support Certification (47 CFR § 54.313(a))

- 2015 Preliminary Support Calculation (47 CFR § 54.313(b)(1))
- 2014 Preliminary Support Calculation (47 CFR § 54.313(b)(1))
- 2013 Preliminary Support Calculation (47 CFR § 54.313(b)(1))

Preliminary Carrier Connect America Support (47 CFR § 54.313(c))

- 2016 Preliminary Support Calculation (47 CFR § 54.313(c))
- 2015 Preliminary Support Calculation (47 CFR § 54.313(c))
- 2014 Preliminary Support Calculation (47 CFR § 54.313(c))

If checking box, please check that the attached document(s), on file 2021 contains the required information pursuant to § 54.313(c)(1)(i)(B), as a recipient of CAE Phase II support shall provide the names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<table>
<thead>
<tr>
<th>Yearly Certification</th>
<th>2nd Year Certification</th>
<th>3rd Year Certification</th>
<th>Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
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Interim Progress Community Anchor Institutions

- 2021 Interim Progress Community Anchor Institutions
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<th>Financial Data Summary</th>
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<tr>
<td>(3027) Revenue</td>
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<tr>
<td>(3028) Operating Expenses</td>
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</tr>
<tr>
<td>(3029) Net Income</td>
<td>[REDACTED]</td>
</tr>
<tr>
<td>(3030) Telephone Plant In Service (TPIS)</td>
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</tr>
<tr>
<td>(3031) Total Assets</td>
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<td>(3032) Total Debt</td>
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<tr>
<td>(3033) Total Equity</td>
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<td>(3034) Dividends</td>
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<td>Study Area Name</td>
<td>ANUNO BLOOD TEL</td>
</tr>
<tr>
<td>Program Year</td>
<td>2016</td>
</tr>
<tr>
<td>Contact Name - Person VIAC should contact regarding this data</td>
<td>Glover Nadia</td>
</tr>
<tr>
<td>Contact Telephone Number - Number of person identified in data line &lt;950&gt;</td>
<td>8078648269 ext.</td>
</tr>
<tr>
<td>Contact Email Address - Email address of person identified in data line &lt;950&gt;</td>
<td><a href="mailto:Glover.nadia@bcac.gov">Glover.nadia@bcac.gov</a></td>
</tr>
</tbody>
</table>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<table>
<thead>
<tr>
<th>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAP or LI Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that I am an officer of the reporting center, my responsibilities include ensuring the accuracy of the annual reporting requirements for unlinked service support recipients and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</td>
</tr>
<tr>
<td>Name of Reporting Center</td>
</tr>
<tr>
<td>Signature of Authorized Officer</td>
</tr>
<tr>
<td>Date of Certification</td>
</tr>
<tr>
<td>Printed name of Authorized Officer</td>
</tr>
<tr>
<td>Title or position of Authorized Officer</td>
</tr>
<tr>
<td>Telephone number of Authorized Officer</td>
</tr>
<tr>
<td>Study Area Code of Reporting Carrier</td>
</tr>
<tr>
<td>Filing Due Date for this form</td>
</tr>
</tbody>
</table>

Penalties for making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 605, 607(b), or fine or imprisonment under Title 18 of the United States Code, 58 U.S.C. 1801.
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 are accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Title or Position of Authorized Officer:

Study Area Code of Reporting Carrier:

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 the annual data reporting requirements on behalf of the reporting carrier. I have provided the data reported based on data provided by the reporting carrier and, to the best of my knowledge, the information provided herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent:

Title or Position of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

TO BE COMPLETED BY THE AUTHORIZED AGENT, 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 are accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Title or Position of Authorized Officer:

Study Area Code of Reporting Carrier:

TO BE COMPLETED BY THE AUTHORIZED AGENT, 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 are accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Title or Position of Authorized Officer:

Study Area Code of Reporting Carrier:

TO BE COMPLETED BY THE AUTHORIZED AGENT, 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

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Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Title or Position of Authorized Officer:

Study Area Code of Reporting Carrier:

TO BE COMPLETED BY THE AUTHORIZED AGENT, 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 are accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Title or Position of Authorized Officer:

Study Area Code of Reporting Carrier:

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

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Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Title or Position of Authorized Officer:

Study Area Code of Reporting Carrier:
Attachments
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<th>State</th>
<th>Exchange (NRC)</th>
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<th>Rate Type</th>
<th>Residential Local Service Rate</th>
<th>State Subscriber Line Charge</th>
<th>State Universal Service Fee</th>
<th>Mandatory Expanded Service Charge</th>
<th>Total per Line Rates and Fees</th>
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<td>State</td>
<td>Exchange (LIC)</td>
<td>Residential Rate</td>
<td>State Regulated Fee</td>
<td>Total Rates and Fees</td>
<td>Broadband Service - Download Speed (Mbps)</td>
<td>Broadband Service - Upload Speed (Mbps)</td>
<td>Usage Allowance (GB)</td>
<td>Usage Allowance Action Taken When Limit Reached (select)</td>
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<td>ASTAC, Arctic Slope Tel (HCL, ICLS, LSS, ICC)</td>
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54.819(a)(5) Satisfactions of Consumer Protection and Service Quality Standards

Consumer Protection

Voice and Broadband
Arctic Slope Telephone Association Cooperative, Inc. complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions. This applies to all lines of business (voice, broadband, wireless and lifeline).

Service Quality Standards

Voice
Arctic Slope Telephone Association Cooperative, Inc. complies with the service standards of the State of Alaska promulgated in Alaska Statues, Title 3 Commerce, Community, and Economic Development Part 7 Regulatory Commission of Alaska, 3 AAC 52.200-8, AAC 52.340, Telephone Utilities and Alaska Administrative Code 3 AAC 53.700 State Telecommunications Modernization. This applies to all lines of business (voice, broadband, wireless and lifeline).

Broadband
Arctic Slope Telephone Association Cooperative, Inc. follows the service standards noted in NECA Tariff #5 and is committed to provide the highest service to its broadband customers.
Functionality in Emergency Situations

In 7 of our village locations (Point Hope, Point Lay, Walinwright, Atqasuk, Nuiqsut, Kaktovik and Anaktuvuk Pass) we have fully redundant Redcom local exchange switches. The central offices that these switches are installed in are equipped with back up batteries designed to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of the loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. We have village reps in these villages that can check the site during an emergency and have fuel delivered if necessary.

In our two largest exchanges, Barrow and Deadhorse we have fully redundant DMS 10 local exchange switches. The central offices these switches are installed in are equipped with back up batteries to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. In addition, these locations are manned 7 days a week for emergency response.

In both Barrow and Deadhorse we have battery back at all remote locations and any locations without permanent standby generators are supported by portable generators.

In all locations we work with the two long distance carriers to reroute traffic as required to recover from network outages or traffic spikes. We have redundant routes to both major carriers.
Arctic Slope Telephone Association Cooperative, Inc.
Program Year 2016
PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN

PREAMBLE

This document is an integral part of the Arctic Slope Telephone Association Cooperative, Inc.'s (ASTAC) Program Year 2016 Annual Report, as attached to Form 481. It is in compliance with §54.313(a)(1) adopted in the FCC's USF/ICC Transformation Order (11-161) and incorporates all further clarifications identified in subsequent Reconsideration Orders, as applicable, that were in effect at the time the Annual Report was due by Rule, to the requisite regulatory authorities.

Arctic Slope Telephone Association Cooperative, Inc. advises that the environment in which ASTAC operates is dynamic, not static. As a result, certain network targets identified in its initial 5 Year Network Improvement Plan filed in 2014, may be modified in response to regulatory decisions that have been subsequently adopted, and as their implication upon ASTAC’s financial viability in providing the required services and service level quality became known.

Modifications to the Network Improvement Plan may also have been taken due to changes in technology (vendor)-driven support, weather, or other emergency related contingencies.

Targets not met or changed since the initial 5 Year Network Improvement Plan filing are identified and reasons provided for those changes.

UNIVERSAL SERVICE SUPPORT RECEIVED IN 2015

Per the Universal Service Administrative Company (USAC), as available for the period up to this filing, Arctic Slope Telephone Association Cooperative, Inc. received a total of (as of 06/08/15) in USF support funds. The breakdown of the funding to the point of filing is:

- High Cost Loop Support
- Local Switching Support
- Connect America Fund-Intercarrier Compensation Support
- Interstate Common Line Support
- Safety Net Additive

Universal Service Support funds are used to: 1) maintain, upgrade, and improve ASTAC’s network and, 2) cover operating expenses and debt commitments as necessary to permit it to offer a high level of service for both voice and broadband within the authorized serving area.

USF support will continue to be included in ASTAC’s current revenue accounts and forward-looking projections. Revenues, in the aggregate, are used for both capital expenditures as well as to cover operating expenses and fixed costs incurred to obtain capital from lenders. ASTAC does not segregate USF separately for purposes of capital and operating expenditures; USF is expended in the same proportion as its contribution is to ASTAC’s aggregated revenue amount.
The proportionate share of USF expenditures in 2015 to date for CAPEX is estimated to be [REDACTED] and for OPEX [REDACTED].

In the accompanying 2015 project detail, expenditures for network improvements sometimes involve service quality, coverage and capacity as an integrated improvement project and are not mutually exclusive from one another. In terms of cost, projects involving multiple qualifiers are of equal dollar equivalence. Where a project involves a single qualifier, it is so noted.

In the Program Year 2015 filing, ASTAC reported the following:

PROGRESS REPORT

2015

[REDACTED]

[REDACTED]