

Affirmation, Attestation, and Certification of Service or lack of Service in Census Blocks
Broadband Grants Program Broadband Availability Map Challenge Process

A. COMPANY INFORMATION (if submitted on behalf of an entity)			
Company Name:	West Liberty Telephone Co		
Address:	413 North Calhoun Street		
City:	West Liberty	State:	IA Zip: 52776

B. DESIGNATED CONTACT INFORMATION (if submitted on behalf of an entity or individual)			
Contact Name	Jerry Melick	Phone #	(319) 627 - 0228 Email: jsmelick@corp.lcom.net

C. CERTIFICATION/ATTESTATION/AFFIRMATION

In signing and submitting this form, the above-identified company, and its duly authorized representative signing on behalf thereof, or you as an individual if you are not submitting this form on behalf of an entity, hereby affirms, attests, and certifies under penalty of perjury that, as represented in the table below:

1. If submitted on behalf of a Communications Service Provider, that the above-identified company, consistent with the representations in the table below, either:
 - a. Offered or Facilitated Broadband service at or above twenty-five (25) megabits per second of download speed and three (3) megabits per second of upload speed ("25/3 Broadband") in the below-identified census blocks as of June 30, 2018; or
 - b. Did **NOT** offer or Facilitate 25/3 Broadband in the below-identified census blocks as of June 30, 2018.

Whether your company's prior reporting to the FCC was correct or in error.

2. If submitted by or on behalf of a person other than a Communication's Service Provider (e.g., consumer, business, farm), the above-identified entity or individual, consistent with the representations in the table below, either:
 - a. Did or could receive 25/3 Broadband in the below-identified census blocks as of June 30, 2018; or
 - b. Did **NOT** and could **NOT** (within a reasonable time upon request, at a reasonable price) receive 25/3 Broadband in the below-identified census blocks as of June 30, 2018.

CENSUS BLOCK ID IN WHICH 25/3 BROADBAND OFFERED OR FACILITATED (OR NOT) (please attach additional pages if necessary)	PRIOR REPORTING TO FCC (only use this column if you are submitting this form on behalf of a Communications Service Provider)			25/3 Broadband OFFERED OR FACILITATED AS OF June 30, 2018
	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	
191390502005055	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503003042	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response

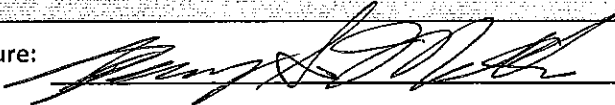
191390503003058	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503003061	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503001014	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503001015	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503001047	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503003061	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503003058	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503003042	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503003000	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503001046	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
191390503002082	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
190314502004164	<input type="checkbox"/> In Error	<input type="checkbox"/> Correct	<input checked="" type="checkbox"/> No Response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response

D. ADDITIONAL EXPLANATION (To the extent you believe additional explanation is required to ensure that you are communicating full and accurate information, please use the below space to further explain, qualify, or substantiate your above certification/attestation/affirmation. To the extent necessary, please feel free to attach additional pages and supporting documentation. If you are a Communications Service Provider and indicated "In Error" or "No Response" in the "Prior Reporting to FCC" column for any census blocks above, please elaborate.)

The 14 Census Blocks listed above have 25/3 or greater broadband packages via service from our FTTH network. The list of Census Blocks reflects a combination of an expansion of our FTTH network built out prior June 30, 2018, and customers were in the process of being cutover from DSL to this network. A few of the census blocks reflect the correction of some customers' records in our billing database. In the course of cleaning up our customer database, we found customers that had been converted to FTTH prior to June 30, 2018 were still listed as DSL. Our minimum broadband speed with FTTH is 50/2 Mbps. Annually, West Liberty Telephone buries new fiber optic cables and drops to rural customers in our ILEC study area. Over 35 miles were constructed in the spring of 2018, and this fall we are constructing approximately 40 miles of fiber optic cable to serve our rural customers. These mileage figures do not include fiber optic drops to customer premises. We will continue these annual rural fiber construction projects until all of our customers are served via FTTH. Currently over 80% of our customers are served via FTTH.

E. SIGNATURE*

Authorized Signature:



Date: 10/4/2019

Printed Name: Jerry Melick

Title: President/General Manager

***PLEASE READ BEFORE SIGNING:** By affixing my signature above, I, on my own behalf or as a representative of the company identified above, as applicable, expressly represent that I am authorized to make the above factual representation on behalf of said company and/or myself, as applicable, and under penalty of perjury as authorized by Iowa Code section 622.1 and pursuant to the laws of the state of Iowa, certify the following with respect to this form submitted on behalf of said company and/or myself: any statements, representations, warranties, certifications, or attestations made in this form, including any attachments or enclosures associated therewith, are true and accurate; I, on behalf of said company and/or myself, have not knowingly made any false statements or representations in this form. In addition to any criminal penalties authorized by Iowa Code section 720.2 that may result from any false statements of material fact made herein or any other remedies available at law, equity, or otherwise, if it is subsequently determined that I have made a statement, representation, warranty, certification, or attestation in this form, or any attachments or enclosures associated herewith, that is later proven untrue in any material respect, the company on which I submitted this form on behalf of may be disqualified from current incentive programs administered by the Office or may be ordered to repay the Office the entire amount of any funds previously distributed by the Office to said company in connection with any current incentive programs administered by the Office. OCIO makes no guarantees as to whether the information supplied by you will result in any change to the Broadband Availability Map or the way any incentive decisions are reviewed, scored, or decided. This form, as completed, any attachments hereto, and any other information or materials submitted to the Office in connection with this form or related inquiry, shall be considered public records and shall be made available for public examination and/or disseminated upon request by third parties as required by Iowa Code chapter 22. The Office reserves the right to reject this form and relatedly consider any information communicated through this form as neither credible nor probative if this form is not fully and properly filled out.

