

## SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002215

### Applicant Information

Applicant FRN	0023204142	Applicant Address	101 Laurel Highlands Pl
Applicant Name	South Canaan Telephone Co	Applicant City	Donegal
Applicant Email	jjkail@lhtot.com	Applicant State	PA
Applicant Phone	7245932411	Applicant ZIP Code	15628

### Contact Information

Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name	Christine Lalor	Contact Address	101 Laurel Highlands Place
Contact Email	regulatory@lhtc.net	Contact City	Donegal
Contact Phone	724-593-2411	Contact State	PA
		Contact ZIP Code	15628

\*Indicate which deadline you are meeting with this filing.

2024-01-06

## Explanation of Effort and Availability of Commercial Equipment

\*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

We have completed the Rip and Replace process. There were 99 units that were not removed or replaced because of the home was vacant and we were unable to get into the home, or the home(s) burned down, or equipment was thrown away accidentally. Our total number of equipment submitted on our original application will be amended to reflect this decrease in equipment counts & amounts. As of November 30th, 2023, Disposal company picked up all of the equipment. On December 28, 2023, we will receive notification from the disposal company that the destruction process was completed. They have sent the certification and invoice for the disposal process completion.

\*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

RIP and Replace process has been completed. Destruction of the Huawei equipment has been completed.

\* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

## Program Compliance

\*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.

Yes  No

\*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes  No

If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?

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\*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes  No

If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?

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\*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes  No

If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?

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\*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.

Yes  No

\*The filer has indicated no to a question in this section, please provide additional information.

## Certifications

\*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the above-named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

## Certifier Information

Certifier Signature	James J Kail	Certifier Phone	724-593-2411
Certifier Name	James J Kail	Certifier Email	jjkail@lhtc.net
Certifier Title	President & CEO		
Date Signed	2024-01-05		