175-1-03202015

ILEC

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

RECEIVED
3/19/15
ARK PUBLIC SERVICE COMM
AUDIT SECTION

OF THE

NAME MADISON COUNTY TELEPHONE COMPANY, INC.
(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 113 COURT STREET, HUNTSVILLE, AR 72740
(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # ID#175
(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION

COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2014

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
Post Office Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of MADISON COUNTY TELEPHONE COMPANY, IN
(Company)
of 113 COURT STREET, HUNTSVILLE, AR 72740 for the year ending December 31, 2014. This report is submitted in
(Location)
accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.
The following report has been carefully examined by me, and I have executed the verification given below.

Joe C Shrum
(Signature)

PRESIDENT
(Title)

VERIFICATION

STATE OF)
) ss.
COUNTY OF)

I, the undersigned, JOE C. SHRUM, PRESIDENT of the
(Name and Title)
MADISON COUNTY TELEPHONE COMPANY, INC., on my oath do say that the following report has
(Company)
been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

Joe C Shrum
(Signature)

Subscribed and sworn to before me this 12th
day of March
My Commission Expires 8-21-15

OFFICIAL SEAL
CARLENE A. RAMSEY
NOTARY PUBLIC-ARKANSAS
MADISON COUNTY
MY COMMISSION EXPIRES: 08-21-15

Carlene A Ramsey
(Signature of Notary)

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1 Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.

2 The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.

3 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."

4 Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.

5 Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.

6 This report will be scanned in. Please bind with clips only.

7 Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.

8 In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.

9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.

10 Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.

11 Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name JOE C. SHRUM **Title** PRESIDENT

Address PO BOX D, HUNTSVILLE, AR 72740

Telephone Number 479-738-2121

E-Mail joeshrum@madisoncounty.net

Give the name, address, telephone number and e-mail address of the resident agent:

Name _____ **Telephone Number** _____

Address _____

E-Mail _____

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

   MADISON COUNTY TELEPHONE COMPANY, INC.

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

   (a) 113 COURT STREET
   PO BOX D
   HUNTSVILLE, AR 72740

   (b)

3. Indicate by an **x** in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

   (a) ( ) Electric, ( ) Gas, ( ) Water, (XX) Telephone, ( ) Other

   (b) ( ) Proprietorship, ( ) Partnership, ( ) Joint Stock Association,
   (xx) Corporation, ( ) Other (describe below):

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

   (a) N/A

   (b)

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

   (a) ARKANSAS, OCT 1, 1958

   (b)

   (c)

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

   (a) NO

   (b)

   (c)

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

   (a) NO

   (b)

   (c)

   (d)

9. Was respondent subject to a receivership or other trust at any time during the year? N/A
   If so, state:

   (a) Name of receiver or trustee: _____

   (b) Name of beneficiary or beneficiaries for whom trust was maintained:
   _____

   (c) Purpose of the trust: _____

   (d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) _____ (2) _____

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? NO If so,

    (a) Indicate the applicable one by an **X** in the proper space:

    ( ) Guarantor, ( ) Surety, ( ) Principal--obligor to a surety contract,
    ( ) Principal--obligor to a guaranty contract.

    (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
JOE C. SHRUM	HUNTSVILLE, AR 72740	2/4/14	2/4/15
TOM S. SHRUM	HUNTSVILLE, AR 72740	2/4/14	2/4/15
JARED C. SHRUM	HUNTSVILLE, AR 72740	2/4/14	2/4/15
TODD S. SHRUM	HUNTSVILLE, AR 72740	2/4/14	4/8/14
TRAVIS REED	HUNTSVILLE, AR 72740	4/9/14	2/4/15

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
PRESIDENT	JOE C. SHRUM	HUNTSVILLE, AR
VICE PRESIDENT	JARED C. SHRUM	HUNTSVILLE, AR
VICE PRESIDENT	TRAVIS REED	HUNTSVILLE, AR
SECRETARY/TREASURER	TOM S. SHRUM	HUNTSVILLE, AR

GROSS ASSESSABLE REVENUES	
Description	**Amount**
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	$2,762,679

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	2,258
Business	744
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	3,002
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	12
Company Official Access Lines (Numbers)	40
TOTAL ACCESS LINES	3,054

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

President/General Manager

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

COMPANY CONTACTS

Company Information	
Company Name	MADISON COUNTY TELEPHONE COMPANY, INC.
dba	
Official Mailing Address	PO DRAWER D, HUNTSVILLE, AR 72740
Mailing Address for APSC Annual Assessment Invoice	

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	JOE C. SHRUM	479-738-2121	479-738-2900	joeshrum@madisoncounty.net
APSC Annual Assessment	JOE C. SHRUM	479-738-2121	479-738-2900	joeshrum@madisoncounty.net
Tariffs	JOE C. SHRUM	479-738-2121	479-738-2900	joeshrum@madisoncounty.net
Property Taxes	JOE C. SHRUM	479-738-2121	479-738-2900	joeshrum@madisoncounty.net
Regulatory Affairs	**JOE C. SHRUM**	**479-738-2121**	479-738-2900	joeshrum@madisoncounty.net

Please list the number of utility employees located in Arkansas **22** .