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April 14, 2005

Central Records Filing Clerk  
Public Utility Commission of Texas  
1701 N. Congress Avenue  
P.O. Box 13326  
Austin, Texas 78711-3326

Re: Poka Lambro Telephone Cooperative, Inc. – FCC Form 395

Enclosed please find six (6) copies of Poka Lambro's FCC Form 395 – Common Carrier Annual Employment Report that is being sent to the FCC for filing. We ask that you please file this in accordance with Substantive Rule 23.11 (f)(2), returning one file-marked copy to the undersigned in the enclosed self-addressed stamped envelope.

Please contact us if you require any additional information.

Sincerely,

Theresa D. Chester  
Executive Assistant

Enclosures

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

## SECTION I - General Information

## 1. Name and Mailing Address of Respondent

Poka Lambro Telephone Cooperative, Inc.  
P.O. Box 1340  
Tahoka, Texas 79373-1340☐ Check here if  
this is a change  
of address.

## 2. Year Report Filed

2005

3. Reporting Period (Ending Date of Pay  
Period Covered by Report)

March 31, 2005

4. Number of Full-Time Employees during Selected  
Reporting Period (check one):

- a.
- ☒
- Fewer than 16 (complete Sections I, V, and VI only)
- 
- b.
- ☐
- 16 or more (complete all sections)

## SECTION II - Full-Time Employees. Consider as full-time employees all those working 30 hours or more per week.

JOB CATEGORY	ALL EMPLOYEES			MALE					FEMALE				
	TOTAL	MALE	FEMALE	MINORITY-GROUP EMPLOYEES				White, not of Hispanic Origin	MINORITY-GROUP EMPLOYEES				White, not of Hispanic Origin
				Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic		Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	
Officials and Managers	9	5	4					5					4
Professionals	2	2						2					
Technicians	5	5						5					
Sales	0												
Office and Clerical	12	2	10					2				3	7
Craft Workers (skilled)	8	8					1	7					
Operatives (semiskilled)	8	8					3	5					
Laborers (unskilled)	1	1						1					
Service Workers	0												
TOTAL	45	31	14				4	27				3	11
Previous Year's Total (if any)	45	31	14				4	27				3	11

### SECTION III – Part-Time Employees

JOB CATEGORY	ALL EMPLOYEES			MALE					FEMALE				
	TOTAL	MALE	FEMALE	MINORITY-GROUP EMPLOYEES				White, not of Hispanic Origin	MINORITY-GROUP EMPLOYEES				White, not of Hispanic Origin
				Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic		Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	
Officials and Managers	0												
Professionals	0												
Technicians	1	1						1					
Sales	0												
Office and Clerical	1		1										1
Craft Workers (skilled)	0												
Operatives (semiskilled)	0												
Laborers (unskilled)	0												
Service Workers	0												
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>1</b>					<b>1</b>					<b>1</b>
Previous Year's Total (if any)	2	1	1					1					1

**SECTION IV – On-the-Job Trainees.** Report only employees enrolled in formal on-the-job training programs. The data below shall be also included in the figures for the appropriate occupational categories in Sections II and III.


JOB CATEGORY	ALL EMPLOYEES			MALE					FEMALE				
	TOTAL	MALE	FEMALE	MINORITY-GROUP EMPLOYEES				White, not of Hispanic Origin	MINORITY-GROUP EMPLOYEES				White, not of Hispanic Origin
				Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic		Black, not of Hispanic Origin	Asian or Pacific Islander	Native American	Hispanic	
White Collar													
Production													

### SECTION V – Report of Discrimination Complaints Pursuant to 47 CFR 21.307, 22.321, and 23.55

- ☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

### SECTION VI – Certification

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Date <b>Apr. 13, 2005</b>	Typed or Printed Name of Person Signing <b>David McEndree</b>	Signature 	Telephone No. <b>806-924-7234</b>
Title of Person Signing <b>CEO</b>		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1)) AND/OR FORFEITURE (47 U.S.C. 503).	