

DOCKET NO. UM 1310

**Required Cover Sheet for Submission of
2007 Annual ETC Recertification Reports**

Filing Deadline: Monday, July 16, 2007

Name of Eligible Telecommunications Carrier: MT. ANGEL TELEPHONE COMPANY

Filing date: JUNE 4, 2007

Is this: Original submission? YES

OR

Revised submission? _____ If revised, please identify which reports
are being revised _____

Person to contact for questions:

Name DIANA COLEMAN

Phone number 503.845.2291

E-mail address dianac@mtangeltel.net

Filing instructions: Please file reports under Docket No. UM 1310. File reports electronically via the PUC Filing Center; see the PUC website for instructions. Also send one original and 2 hard copies to the PUC Filing Center. If selected portions of reports, e.g., network improvement plans, are to receive confidential treatment, those portions should not be filed electronically. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080. Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Send documents to the Filing Center using one of the two following addresses, depending on the delivery carrier used:

For US mail: Public Utility Commission of Oregon
Attn: Filing Center
PO Box 2148
Salem, OR 97308-2148

For other carriers: Public Utility Commission of Oregon
Attn: Filing Center
550 Capitol St. NE #215
Salem, OR 97308-2148

If you have any questions on these reports, please call Kay Marinos at 503-378-6730, or Celeste Hari at 503-378-6628.

2007 Annual Recertification Reports for ETCs in Oregon

Docket No. UM 1310

Report Formats to Satisfy Requirements of Order No. 06-292 for 2007

Report #1 Supported Services Offerings

- 1.1. Basic Local Usage Service Offerings – **All ETCs**
- 1.2. Comparable Local Usage Plan – **CETCs only**
- 1.3. Supported Services Not Provided – **CETCs only**
- 1.4. Equal Access Acknowledgement – **CETCs only**

Report #2 Unfulfilled Service Requests

- 2.1. Unfulfilled Service Requests/Held Orders – **All ETCs**
- 2.2. Service Request Processing – **CETCs only**

Report #3 Evidence of Advertising for Basic Supported Services - All ETCs

Report #4 Low-income Services – All ETCs

- 4.1. Number of Lifeline Customers
- 4.2. Advertising of Low-income Program Service Offerings

Report #5 Outage Report – All ETCs

Report #6 Trouble Report – All ETCs

Report #7 Network Improvement Plan – CETCs only

Report #8 Special Commitments/Requirements – CETCs only

Report #9 Certifications – All ETCs

- 9.1. IAS or ICLS Certification Copy – **All ETCs Receiving IAS or ICLS**
- 9.2. Certification of Use of Universal Service Funds – **All ETCs Receiving Traditional High-Cost Support (HCL, LSS)**
- 9.3. Certification of Emergency Functionality and Compliance with Service Quality/Consumer Protection Measures – **All ETCs**

Report #2 – Unfulfilled Service Requests

2.1. Unfulfilled Service Requests/Held Orders – All ETCs

Choose **either A. or B.** below, as applicable:

- A. **XX** Service quality reports for “primary held orders over 30 days” were filed with the Oregon PUC for calendar year 2006. No additional submission is required for recertification purposes.
- B. ___ Service quality reports for “primary held orders over 30 days” were **not** filed with the Oregon PUC for calendar year 2006. In this case, choose **one** of the following alternatives for reporting:
1. ___ The number of customer requests for supported services that were not fulfilled during calendar year 2006: _____.
If greater than zero, include an attachment noting for each such request, the location (address) of the request and a description of attempts to provide service.
 2. ___ The number of “primary held orders over 30 days” (as defined in Section 860-034-0390 of the Oregon Commission rules) for calendar year 2006: _____.
If greater than zero, include attachment noting for each such held order, the reason the order was held and the original commitment date.

2.2. Service Request Processing - CETCs only

Submit a description of how the carrier ensures that every request for service that cannot be immediately fulfilled is recorded and processed under the 6-step process set forth in 47 CFR Section 54.202(a)(1)(i).

**Report #3 – Evidence of Advertising for Basic Supported Services
(excluding low-income/lifeline) – All ETCs**

Describe how basic supported services were advertised during calendar year 2006 throughout the designated service area. List the types of media used, advertising frequencies and geographic coverage. Attach examples of actual advertisements, noting dates, specific distribution methods, and target geographical populations, sufficient to demonstrate that basic supported services and rates were advertised **throughout** the designated service area in 2006.

SEE ATTACHED

Report #4 – Low-income Services – All ETCs

4.1. Number of Lifeline Customers – All ETCs

The total number of customers receiving Lifeline discounts during the month of December 2006 in the designated service area: 63.

CETCs only - also list counts by ILEC service area as follows:

<u>ILEC Svc Area</u>	<u>No. of Lifeline customers</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.2. Advertising of Low-Income Program Service Offerings – All ETCs

Submit copies of all advertisements (for all media) for Lifeline, LinkUp, and OTAP service offerings that were run during calendar year 2006, noting media (newspaper name, radio station, bill inserts, internet postings, etc.), run/distribution dates, and geographic coverage area.

SEE ATTACHED

Report #5 – Outage Report – All ETCs

Choose either A. or B. below, as applicable:

A. XX Carrier was required to report service outages (as defined in Oregon PUC Rules at Sections 860-034-0390(9) for small telecom utilities, 860-023-0055(9) for large telecom utilities, and 860-032-0012(9) for competitive telecom providers) to the Oregon PUC during year 2006. No additional submission is required for recertification purposes.

B. _____ Carrier was *not* required to report service outages (as defined in Oregon PUC Rules at Sections 860-034-0390(9) for small telecom utilities, 860-023-0055(9) for large telecom utilities, and 860-032-0012(9) for competitive telecom providers) to the Oregon PUC during year 2006. Select #1 (wireline carriers) or #2 (wireless carriers) below.

1. _____ The number of service outages, as defined in Oregon PUC rules, that occurred during calendar year 2006 was _____.

If the number was greater than zero, attach a report that lists for each such outage the following: the date and time of onset, a brief description of the outage and its resolution, the particular services affected, the geographic areas affected, steps taken to prevent a similar future occurrence, and the number of customers affected.

2. _____ The number of service outages, as defined in FCC rules at 47 CFR Section 54.209(a)(2), that occurred during calendar year 2006 was _____.

If the number was greater than zero, attach a report that lists for each such outage the following: the date and time of onset, a brief description of the outage and its resolution, the particular services affected, the geographic areas affected, steps taken to prevent a similar future occurrence, and the number of customers affected.

Report #6 – Trouble Report – All ETCs

Choose **either A. or B.** below, as appropriate:

A. XX Trouble reports were filed with the Oregon PUC for calendar year 2006 per Oregon PUC service quality rules. No additional submission is required for recertification purposes.

B. _____ Trouble reports were **not** filed with the Oregon PUC during calendar year 2006. In this case, choose **one** of the following alternatives for reporting:

1. _____ The number of customer trouble reports received per 100 wireless handsets for supported services during calendar year 2006, for each company switch.

<u>Trouble Type</u>	<u>Switch A (location)</u>	<u>Switch B (location)</u>
No service	_____	_____
Network busy	_____	_____
Interruption of service	_____	_____
Poor reception	_____	_____

2. _____ The number of customer trouble reports, as defined in Section 860-034-0390 (5) of the Oregon PUC rules, received during calendar year 2006: _____ per 100 working access lines.

Report #7 – Network Improvement Plan – CETCs Only

The following detailed information must be included in each network improvement plan. Only CETCs must file these plans for recertification purposes. CETCs that receive *only* low-income program support (no high-cost or access-related support), do not have to file network improvement plans. CETCs are strongly encouraged to use the format laid out in the attached Excel worksheets to provide information required in the outline below (taken from the UM 1217 order), rather than use some other format developed by the CETC.

- 7.1. Demonstration of use of support funds (other than low-income funds) received during 2006, including:
 - 7.3.1.1. The amount of support funds, by type, received during the year.
 - 7.3.1.2. Year-end counts of eligible lines/handsets in service for each ILEC service area as they were reported to USAC for the past December.
 - 7.3.1.2. Identification of each project for which the support was used, the actual support expenditures (by amount and type) for each project, and status of project (completed or still in progress).
 - 7.3.1.3. The resulting benefits to consumers (qualitative and quantitative) from each project and updates to coverage and signal strength maps.
 - 7.3.1.4. Explanation of how and why actual spending of support funds differed from spending proposed in the previous network improvement plan.
- 7.3.2. Updates to network improvement plan for the current calendar year and the following year:
 - 7.3.2.1. Forecast of support amount, by type (LSS, HCL, ICLS, IAS), that the applicant expects to receive during each of the next 2 years, as well as an explanation of how the forecast was derived.
 - 7.3.2.2. Detailed information for each project that will use support funds:
 - 7.3.2.2.1. Description and purpose of the project, its physical location and the ILEC serving that area.
 - 7.3.2.2.2. The start date and completion data (by quarter).
 - 7.3.2.2.3. Amount of support money allocated to the project, in total and broken down by investment and expense types.
 - 7.3.2.2.4. The amount of company's own funds that will be used for each supported project.
 - 7.3.2.2.5. Brief explanation of why the carrier would not make these improvements without the availability of support funding.
 - 7.3.2.2.6. Quantification of resulting service improvements by type (increased coverage, signal strength, capacity, etc.), population benefited, and geographic area benefited (shown on map).

Report #8 – Special Commitments/Requirements – CETCs only

Did the Oregon PUC impose any special commitments or requirements at initial designation or during the previous annual recertification process? yes ____ no ____.

If yes, identify the commitments or requirements and explain if, and how, they have been met.

Report #9 – Certifications - All ETCs

9.1. IAS or ICLS Certification Copy – All ETCs Receiving IAS and/or ICLS

All ETCs receiving interstate access-related support (IAS or ICLS) must submit a copy of the certification for the use of IAS or ICLS support that was sent to USAC and the FCC in June 2007.

SEE ATTACHED

9.2. Certification of Use of Universal Service Funds – All ETCs receiving HCL and/or LSS (Rural ILECs and CETCs Designated in Rural ILEC Areas)

To continue receiving traditional high cost support (HCL, LSS), ETCs must submit a notarized affidavit signed by a responsible company official certifying that the carrier will use the high cost support funds only for the intended purposes. Use of the sample affidavit form displayed on the following page is recommended.

SEE ATTACHED

9.3. Certification of Emergency Functionality and Compliance with Service Quality and Consumer Protection Measures – All ETCs

Each ETC must submit a notarized affidavit signed by a responsible company official certifying that the carrier: 1) is able to remain functional in an emergency, and 2) is complying with all service quality and consumer protection measures in either the applicable Oregon Commission rules (for wireline carriers), the CTIA Consumer Code (for wireless carriers), or some other specific set of standards. All ETCs must submit this affidavit. A copy of an acceptable affidavit form follows the affidavit for high cost support.

SEE ATTACHED

Mt. Angel Telephone

Report #3 – Evidence of Advertising for Basic Supported Services (excluding low-income/lifeline – All ETCs)

The advertising for Basic Supported Services is promoted in the following publication and locations:

Mt. Angel Shopper; a free weekly publication produced by Mt. Angel Publishing Company, P.O. Box 927, Mt. Angel, Oregon 97362 503.845.9499
Circulation: 2,000 total.

Distribution: 912 delivered to retail locations in Mt. Angel. 1,088 issues delivered to retail locations in Silverton, Scotts Mills, Monitor, Marquam and Woodburn.

Press Release published December, 2006.

For Immediate Release. For additional information, contact Maureen Ernst at Mt. Angel Telephone 503.845.1031.

Mt. Angel Telephone Annual Notice

Mt. Angel Telephone Company is designated as an Eligible Telecommunications Carrier by meeting the guidelines of the Federal Communications Commission and the Oregon Public Utility Commission.

Basic service from Mt. Angel Telephone includes:

- ◆ Single party service with unlimited local calls
- ◆ Touch-tone
- ◆ Voice grade access to the public switched network
- ◆ Access to emergency services including Enhanced 911
- ◆ Access to operator services, interexchange carriers and directory assistance
- ◆ Basic residential service is \$9.00 per month. Basic business service is \$15.20 per month.
- ◆ Federal Subscriber Line Charges and Oregon Public Utility Commission Surcharges are subject to change.

Low-income individuals may be eligible for Lifeline and Link-up telephone assistance programs, which provide discounts from these basic rates. Also available to Lifeline customers is toll blocking, which lets customers block outgoing long distance calls free of charge.

If you have questions or would like to become a customer of Mt. Angel Telephone, call 503.845.2291 or visit the business office at 155 North Garfield Street in Mt. Angel.

Mt. Angel Telephone

Report #4 – Low-income Services – All ETCs

4.2 Advertising of Low-Income Program Service Offerings – All ETCs

The Lifeline, LinkUp, OTAP and Telecommunication Equipment programs are promoted in the following publications and locations:

Mt. Angel Shopper; a free weekly publication produced by Mt. Angel Publishing Company, P.O. Box 927, Mt. Angel, Oregon 97362. Phone: 503.845.9499

Circulation: 2,000 total.

Distribution: 912 delivered to retail locations in Mt. Angel. 1,088 issues delivered to retail locations is Silverton, Scotts Mills, Monitor, Marquam and Woodburn.

Press Release published January and October.

“Open Lines”; a free quarterly newsletter produced by Mt. Angel Telephone.

Circulation: approximately 1,700.

Distribution: mailed to all telephone customers.

Press Release published in March, June, and December issues.

OTAP and LinkUp Forms are distributed to the following locations:

Mt. Angel Telephone, 195 N. Garfield St., Mt. Angel, Oregon 97362. Phone: 503.845.2291. Company maintains a display rack in their office lobby area. Also, forms are provided to all new customers signing up for telephone service.

US Post Office in Mt. Angel: Postmaster Lisa Burk allows forms to be displayed in the lobby of Mt. Angel Post Office. Mt. Angel Telephone maintains the display rack.

Spruce Terrace, 854 N. Pershing St, Mt. Angel, Oregon 97362. Phone: 503.845.2917. Spruce Terrace is a low income housing complex.

Distribution: Forms are provided to Site Manager for distribution to all residents. Forms provided by Mt. Angel Telephone.

Mt. Angel Towers, 1 Towers Lane #2120, Mt. Angel, Oregon 97362. Phone: 503.845.7211. Mt. Angel Towers is a retirement complex in Mt. Angel.

Distribution: all residents of Mt. Angel Towers and employees.

Forms are provided by Mt. Angel Telephone and available at front desk at Mt. Angel Towers and distributed at their annual Health & Wellness Fair.

St. Joseph’s Shelter, 925 S. Main St., Mt. Angel, Oregon 97362

503.845.6147. St. Joseph’s Shelter is a low income temporary housing

complex in Mt. Angel. Forms are provided to Site Manager for distribution to all residents. Forms provided by Mt. Angel Telephone.

Mt. Angel Community/Senior Center, 195 E. Charles St., Mt. Angel, Oregon 97362. Phone: 503.845.6998.

Distribution: Forms in display rack at the center. Forms provided by Mt. Angel Telephone.

Edelweiss Village, 150 N. Garfield St. is a new multi-story apartment complex for low-income seniors. Facility is owned by Marion County Housing Authority. Residents and staff are provided forms for distribution.

Silverton Together, 421 S. Water St., Silverton, Oregon 97381. Phone: 503.873.0405. Silverton Together is a non-profit organization that provides assistance to low income residents. Forms are provided to Site Manager for distribution to individuals. Forms provided by Mt. Angel Telephone.

Below is a sample of the press release:

For Immediate Release. For additional information, contact Maureen Ernst at Mt. Angel Telephone 503.845.1031.

Telephone Assistance Available To Mt. Angel Residents

Telephone assistance is available to qualifying residents. Two programs, Oregon Telephone Assistance and Link-Up America are available to all eligible customers of Mt. Angel Telephone. An additional program for special telecommunications equipment is available for hard of hearing and deaf residents.

- **Oregon Telephone Assistance Program** assists qualified low-income customers with a monthly credit of \$13.50 on their telephone bill.
- **Link-Up America** will pay one-half of the line connection charge to hook up a new telephone in the home.

To be eligible for the Oregon Telephone Assistance Program or Link-Up America programs, residents need to meet income requirements and have an open file with any of the following public assistance programs: Food Stamps, Supplemental Security Income (SSI), certain State Medical Programs or Temporary Aid to Needy Families (TANF).

- **Telecommunications Equipment** is available for deaf/hard of hearing, hearing-impaired, speech-impaired, deaf-blind or mobility-impaired and unable to communicate effectively on the phone without

the use of specialized equipment. The special telephone is free and available to all residents.

To obtain application forms or for more information, please call the Oregon Public Utility Commission toll free at 1.800.848.4442 or 503.373.7171. Also, application forms are available at Mt. Angel Telephone, 155 N. Garfield St. in Mt. Angel.



Thomas C. Bauman
President

James J. Berchtold
Chairman

Date June 1, 2007

To: Marlene H. Dortch
Office of Secretary
Federal Communications Commission
445 - 12th Street, SW
Washington, DC 20554

Karen Majcher
Vice President - High Cost and Low Income
Division Universal Service Administrative
Company
2000 L Street, NW, Suite 200
Washington, DC 20036

Re: CC Docket No. 96-45
Interstate Common Line Support - ICLS
Annual Certification Filing

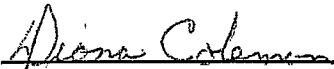
This is to certify that Mt. Angel Telephone Company will use its **INTERSTATE COMMON LINE SUPPORT - ICLS** only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is for the study area(s) listed below.

ICLS

Mt. Angel Telephone Company	Oregon	53-2386
Company Name	State	Study Area Code

Signed,



[Signature of Authorized Representative]

Date: June 1, 2007

Diana Coleman

[Printed Name of Authorized Representative]

Vice President

[Title of Authorized Representative]

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Thomas C. Bauman, being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of Mount Angel Telephone Company ("Company") and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the rules of the Federal Communications Commission, 47 C.F.R. § 54.314, there must be annual certification that funds received under the federal Universal Service Fund programs will be used only for the provision, maintenance and upgrading of facilities and services for which the support is intended. The Company hereby certifies to the Public Utility Commission of Oregon that pursuant to 47 C.F.R. § 54.7, and for purposes of the certification required under 47 C.F.R. § 54.314, the company will use all federal high-cost support provided to it only for the provision, maintenance and upgrading of facilities and services for which the support is intended, consistent with the principles of universal service set forth in 47 U.S.C. 254. This includes, but is not limited to, trying to meet the goal of the provision of services that are properly supported by the high-cost funds at rates that are reasonably comparable to rates charged for similar services in urban areas.

DATED this 1 day of June, 2007.

Mount Angel Telephone Company (Company)

By: Thomas C Bauman (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me this 1 day of June, 2007.

Mary Kohler
Notary public in and for the State of Oregon

My Commission Expires: 7-10-2007



AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES

I, Thomas C. Bauman, being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of Mount Angel Telephone Company ("Company") and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

The Company hereby certifies to the Public Utility Commission of Oregon, pursuant to the requirements of Commission Order No. 06-292, that it:

- 1) is able to remain functional in emergencies, and,
- 2) complies with service quality and consumer protection measures in (check one):

applicable Oregon Commission rules, or
 the CTIA Consumer Code for Wireless Carriers, or
 other (describe and explain conformance with requirements of Order No. 06-292): _____

DATED this 1 day of June, 2007.

Mount Angel Telephone Company (Company)

By: Thomas C Bauman (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me this 1 day of June, 2007.

Mary Kohler
Notary public in and for the State of Oregon

My Commission Expires: 7-10-2007

