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 | : Oregon-Idaho Utilities, Inc. |
|---|---|
| Filing date: <u>July 11, 2007</u> | |
| Is this: Original submission? X OR | |
| Revised submission? | If revised, please identify which reports are being revised |
| Person to contact for questions: | are being revised |
| Name Alison Beck, Manager, Reg | ulatory and External Affairs |
| Phone number(510) 338-4622 | |
| E-mail address <u>abeck@or-id.com</u> | |

<u>Filing instructions</u>: Please file reports under Docket No. UM 1310. File reports electronically via the PUC Filing Center; see the PUC website for instructions. <u>Also</u> 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: Pu

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 | <u>Low-income Services</u> – 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 | <u>Trouble Report</u> – 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 #1 - Supported Services Offerings

1.1. Basic Local Usage Service Offerings - All ETCs

| Choose | either | A. | or | B. | below. | as | ap | plica | ble |
|--------|--------|----|----|----|--------|----|----|-------|-----|
| | | | | | | | | | |

| A. <u>X</u> | Basic local usage service offerings are filed under tariff with the Oregon PUC. The specific tariff references (with <i>company name, tariff number, section and page numbers</i>) for the basic local usage offerings and corresponding rates are: 1. residence: Flat rate residential monthly service rates are \$11.65, \$13.65, and \$18.65, depending on location. See attached tariff sheet No. 301. 2. business: Flat rate business monthly service rates are \$23.35, \$26.35, and \$31.35, depending on location. See attached tariff sheet No. 300. |
|---------------|--|
| В | Basic local usage service offerings are not filed under tariff with the Oregon PUC Submit the following information for each basic service offering that includes local usage allowances (unlimited or limited): 1) plan's name, 2) advertised public description, 3) number of local minutes included, 4) calling area included, and 5) rates and charges. Include basic offerings for both residence and business services. |
| <u>1.2. C</u> | omparable Local Usage Plan – CETCs only |
| The ca | rrier certifies that it offers at least one basic local usage plan that is comparable to offered by the ILECs in its designated service area: yes no |
| | y which of the plans in 1.1.B above are "comparable" to the ILEC local usage gs, and explain the basis for the comparability. |
| 1.3. Sı | upported Services Not Provided – CETCs only |
| provide | y any supported services that were not available at designation, but were to be ed as a condition of ETC designation (e.g., toll restriction for qualifying lower consumers, E911): |
| | ese services provided currently? yes no explain why not: |
| | qual Access Acknowledgement – CETCs only |
| The car | rrier acknowledges that it may be required to provide equal access if it is the only ing ETC in an area: yes no |

KW) Third Second Revised Sheet No. 301

PUC Or. No. 1 OREGON-IDAHO UTILITIES, INC. STATE OF OREGON

LOCAL SERVICE

LOCAL ACCESS LINE RATES (Continued) RESIDENCE SERVICE

| | | (C) |
|---|-------------------------|-----|
| Exchange <u>Names</u> | One- <u>Party</u> | |
| Jordan Valley Zone 1 Zone 2 | 11.65 13.65 18.65 | · |
| Adrian ¹ | 18.65 | |
| Ridgeview ¹ Additional EAS Increment-Each Access Line ² | 18.65 1.40 | |
| | | (C) |

¹Adrian and Ridgeview local rates include unlimited calling between the two exhanges.

(c)

²EAS rate provides calling into Homedale, Idaho, Marsing, Idaho, and Wilder, Idaho, exchanges of Citizens Communications and will be provided by the company only while the existing direct facilities with Citizens Communications are available to and maintained by the company.

Above rates do not include customer premise inside wire, the telephone instrument, or other terminal equipment.

Above rates do not include Oregon Telephone Assistance Program (OTAP) credit or credits available under the Federal Lifeline program.

Above rates do not include applicable surcharges.

(c)

RECEIVED

MAR 0 6 2001

PUC Utility Program

| Advice No. 8 | |
|-----------------------------|---------------------------|
| Issued <u>March 2, 2001</u> | Issued by |
| Rffective August 4 2001 | Larry W. Clark, President |

LOCAL SERVICE

LOCAL ACCESS LINE RATES BUSINESS SERVICE

| RATES | | | (c) |
|---|-------------------------|--|-----|
| Monthly rates for local acces | s lines are: | | |
| Exchange Names | PBX <u>Trunks</u> | One- Party | |
| Jordan Valley Zone 1 Zone 2 | 35.05 38.05 43.05 | 23.35 26.35 31.35 | · |
| Adrian ¹ | 43.05 | 31.35 | |
| Ridgeview ¹ Additional EAS Increment-Each Access Line ² | 43.05 3.50 | 31.35 3.50 | (c) |
| ¹ Adrian and Ridgeview local I | rates include unlimite | d calling between the two exhanges. | (n) |
| ² EAS rate provides calling int exchanges of Citizens Comm | to Homedale, Idaho, M | larsing, Idaho, and Wilder, Idaho, e provided by the company only while ications are available to and maintain | (c) |
| Above rates do not include coor other terminal equipment. | ustomer premise insid | le wire, the telephone instrument, | |
| Above rates do not include a | pplicable surcharges. | | |

RECEIVED

MAR 0 6 2001

P U G Utility Program

| Advice No8 | |
|-----------------------------|---------------------------|
| Issued <u>March 2, 2001</u> | Issued by |
| Effective August 4, 2001 | Larry W. Clark, President |

Report #2 – Unfulfilled Service Requests

2.1. Unfulfilled Service Requests/Held Orders - All ETCs

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

- A. ____ 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. _X 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.

2.2. 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.

RESPONSE:

Newspaper advertisements were placed in two newspapers with distribution areas that cover the geographic region of our service territory. The attached ad was published in The Owyhee Avalanche on May 31, 2006, October 25, 2006 and December 20, 2006. The attached ad was also published in The Argus Observer on October 31, 2006 and December 13, 2006.

OREGON-IDAHO UTILITIES, INC.



Wishes to inform the public of the availability of its telephone services which are offered in rural portions of Malheur County, Oregon and Owyhee County, Idaho.

Oregon-Idaho's local service area includes the Oregon exchanges of Jordan Valley (prefix 541/586), Adrian (541/724) and Ridgeview (541/339) and the South Mountain (208/583) exchange in Idaho. Monthly service rates within these areas vary, depending on service location, and range from:

\$11.65 to \$20.05 plus \$6.50 federal end user charge for residential service, and

\$23.35 to \$34.85 plus \$6.50 federal end user charge for single line business service.

These rates include unlimited calling within the defined local areas, access to 911 services, access to operator services and directory assistance, and interexchange carrier access. Touch tone service is available for an additional \$1.26 for residential customers and \$2.52 for business customers.

Low income individuals eligible for the Lifeline and Link-up assistance programs may be eligible for discounts from these basic service rates through the Oregon and Idaho telephone assistance programs and may also receive toll call blocking service without charge.

For information on our services, including Lifeline eligibility, or to place an order for service, contact the Oregon-Idaho Utilities, Inc., business office at:

(800) 624-0082

Report #4 – Low-income Services – All ETCs

4.1. Number of Lifeline Customers – All ETCs

| customers receiving I he designated service | Lifeline discounts during the month of area:6 |
|--|---|
| CETCs only - also | list counts by ILEC service area as follows: |
| ILEC Svc Area | No. of Lifeline customers |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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.

RESPONSE:

The newspaper ads referred to in Report #3 also included advertising for Lifeline, Linkup, and OTAP support.

These financial assistance programs are also referenced in Page 7 of Oregon-Idaho Utilities, Inc. 2006-2007 Directory, which is distributed to each new subscriber when service is established and to all subscribers annually. Please see attachment.

OIU also utilizes posters from the *Foundation for Rural Service*, advertising the availability of support programs in both English and Spanish (see samples attached). The posters were posted at the Jordan Valley Health Clinic and at our main office in Nampa, Idaho where customers pay their telephone bills.

The program is also "advertised" to all new customers when they make a service inquiry or service order. OIU customer service representatives will review the list of qualifying programs and discuss OTAP eligibility.

Billing and Payment

Financial Assistance

Several programs provide financial help, depending on your circumstances. The Idaho Telephone Assistance Program (ITAP), the Nevada Lifeline Assistance Program, and the Oregon Telephone Assistance Program (OTAP) provide reduced phone bills for qualified low-income customers. The Link-Up America Program provides financial help with telephone service installation charges for qualified persons.

Error On Your Bill

If you have a question on your bill, call your local service representative. Explain the possible error to the representative who will help you. If the error cannot be resolved, please pay the undisputed charges on time so you'll maintain a good payment record while the problem is being investigated.

Disconnection With Notice

If your payments are not received by the due dates, or you do not meet your deposit requirements or mutually agreed upon payment arrangements, your telephone service may be disconnected.

We may also disconnect your service for unauthorized use of telephone service or violation of company rules which adversely affects personal safety or the integrity of the telephone system.

We will give you seven day's written notice before disconnecting your service. This notice period will not apply if we receive payment with an NSF check or if you fail to satisfy a payment agreement, in which cases termination may be made 24 hours after giving or attempting to give you oral notice of such circumstances.

In the event of fraud or violation of rules that protect safety or the integrity of the network, we may disconnect service without prior notice.

If you receive notice of disconnection at a time when you have a medical condition or emergency that requires continuation of telephone service, you may provide the company with a written certificate signed by a licensed physician or public health officer describing the emergency condition. Upon receipt of such certificate, we will delay disconnection of essential service for a thirty-day period.

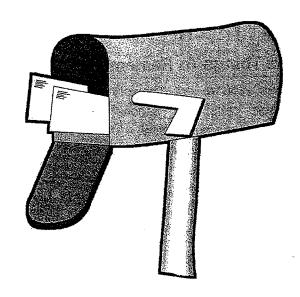
We will not disconnect your service on a Saturday, Sunday or holiday or after noon on a Friday or day before a holiday.

How To Get Your Service Restored

All past charges must be paid before your service can be reconnected, and you will be charged a restoral fee. You may also be asked to pay a deposit.

Terminating Service At Your Request

You may terminate your service at any time and without charge simply by calling our business office. You will receive a closing bill for service through the date of disconnection.



Yes, You Can Afford Telephone Service...

And Your Community Based Telecom Provider Can Show You How.

Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in programs, such as food stamps, Medicaid, the national school free-lunch program, Section 8 housing or supplemental security income, or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

This "universal service" support includes:

- Lifeline assistance that provides discounts for basic monthly local telephone service
- Link Up that reduces the cost of initiating new telephone service
- Toll Limitation Service that allows you to control your long-distance charges
- Additional discounts for eligible consumers living on tribal lands

Sí, puede acceder al servicio telefónico...

Y su proveedor de telecomunicaciones de su comunidad puede mostrarle cómo.

Los legisladores federales y estatales consideran que toda persona en los Estados Unidos debería tener acceso a un servicio de telecomunicaciones de calidad, a un precio accesible. De hecho, han creado un sistema para lograrlo.

Si participa en programas, como cupones para alimentos, Medicaid, el programa nacional de almuerzos escolares gratuitos, el ingreso de seguridad suplementario o para vivienda en virtud de la Sección 8, o si su ingreso familiar está por debajo de un determinado umbral, es posible que reúna los requisitos para obtener un descuento en su factura telefónica.

Esta ayuda de "servicio universal" incluye:

- Asistencia Lifeline: proporciona descuentos mensuales en el servicio telefónico local
- Programa Link Up: reduce el costo de iniciar un nuevo servicio telefónico
- Servicio de tarifa limitada: le permite controlar los cargos de llamadas de larga distancia
- También hay descuentos adicionales disponibles para los consumidores elegibles

Report #5 - Outage Report - All ETCs

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

| A. | | Rules at for large provider | was required to report service outages (as defined in Oregon PUC Sections 860-034-0390(9) for small telecom utilities, 860-023-0055(9) te telecom utilities, and 860-032-0012(9) for competitive telecom rs) to the Oregon PUC during year 2006. No additional submission is I for recertification purposes. | | | |
|----|----------|--|--|--|--|--|
| В. | <u>X</u> | Carrier was <i>not</i> required to report service outages (as defined in Oreg Rules at Sections 860-034-0390(9) for small telecom utilities, 860-02 for large telecom utilities, and 860-032-0012(9) for competitive telecom providers) to the Oregon PUC during year 2006. Select #1 (wireline or #2 (wireless carriers) below. | | | | |
| | | 1. <u>X</u> | The number of service outages, as defined in Oregon PUC rules, that occurred during calendar year 2006 was1 | | | |
| | | | 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. | | | |
| | | | RESPONSE: See attachment. | | | |
| | | 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. | | | |

2007 Annual Oregon ETC Recertification Report Oregon-Idaho Utilities, Inc. Reporting 2006 Activity

Report #5 - Outage Report

Option B, Subsection 1

Outage #1, Trouble Ticket 1189

Trouble Report Date and Time: April 05, 2006, 2:05 pm MT Trouble Reported: 541 (724) Exchange lost dial tone. Trouble Clear Date and Time: April 05,2006, 04:09 pm MT

Cause: Technician working on rectifier equipment in CO accidentally shorted across poles in DC power system causing multiple breakers to blow dropping service in Remote Switch. In order to restore service many circuit packs had to be re-seated and all DC breakers had to be reset. Technician performing work was qualified and knowledgeable and insulated tools were being used. The wrench that shorted the power system apparently had a knick in the insulation that was overlooked prior to starting work.

Preventative measure: All tools used in working around power systems will be inspected more closely prior to beginning work in the future.

Report #6 - Trouble Report - All ETCs

| CHOOSE 6 | either A. or B. below, as approp | riate: | |
|-------------------------|--|--|-----------------------------|
| Oregon F | Trouble reports were filed with to PUC service quality rules. No advation purposes. | | |
| B. <u>X</u> 2006. In | Trouble reports were not filed verbild this case, choose one of the follow | vith the Oregon PUC duri | ng calendar year orting: |
| | 1 The number of custome handsets for supported services switch. | er trouble reports received during calendar year 2006 | |
| | Trouble Type No service Network busy Interruption of service Poor reception | Switch A (location) | Switch B (location) |
| | 2. X The number of custom Section 860-034-0390 (5) of the year 2006: | | |
| | RESPONSE: | | |

The monthly figure for 2006 is 1.06 per 100 working access lines.

The annual total for 2006 is 12.7 per 100 working access lines.

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.

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.

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.

RESPONSE:

The Certifications are attached.

OREGON-IDAHO UTILITIES, INC.

JEFFREY F. BECK President 510/338-4621 jbeck@or-id.com

ALISON R. BECK Manager - Regulatory and External Affairs 510/338-4622 abeck@or-id.com

June 18, 2007

CERTIFIED MAIL-- RETURN RECEIPT REQUESTED

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

Marlene H. Dortch, Office of the Secretary Federal Communications Commission 445 12th Street, SW Washington, D.C. 20554

Re:

ICLS Certification CC Docket No 96-45 Our File No. OIU/8.13A

This letter certifies that Oregon-Idaho Utilities, Inc. will use its Interstate Common Line Support 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. This certification extends to and includes both of the Company's study areas, as noted below.

Oregon-Idaho Utilities, Inc. -- HOLDING COMPANY CODE 200000286 Study Areas:

"Oregon-Idaho Utilities" study area, SA Code 532390
"Humboldt Telephone Company" study area, SA Code 553304

Sincerely,

Jeffréy F. Beck, President Oregon-Idaho Utilities, Inc. Humboldt Telephone Company

070618 ltr

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

| I, <u>Alison Beck</u> , being of lawful age and duly sworn, on my oath, state that I am the <u>Secretary</u> of <u>Oregon-Idaho Utilities, Inc.</u> ("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 10 day of July, 2007. |
| Oregon-Idaho Utilities, Inc. (Company) |
| By: Alison Beck Mison Bul (Name) |
| Its: <u>Secretary</u> (Title) |
| SUBSCRIBED AND SWORN to before me this on July, 2007 by Alison Beck, proved to me on the basis of satisfactory evidence to be the person who appeared before me. |
| Notary Public |

CALIFORNIA JURAT WITH AFFIANT STATEMENT

| State of California | 1 |
|--|--|
| County of Alameda | ss. |
| ☐ See Attached Document (Notary to cross out ☐ See Statement Below (Lines 1–5 to be comp | t lines 1–6 below) pleted only by document signer[s], <i>not</i> Notary) |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| Signature of Document Signer No. 1 | Signature of Document Signer No. 2 (if any) |
| ••• | Subscribed and sworn to (or affirmed) before me on this O |
| Though the information below is not required by law, valuable to persons relying on the document and of fraudulent removal and reattachment of this form to and Further Description of Any Attached Document Title or Type of Document: Afficiant Cerhanic Document Date: | ould prevent of signer #1 Top of thumb here OF SIGNER #1 Top of thumb here OF SIGNER #2 Top of thumb here |

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

| I, <u>Alison Beck</u> , being of lawful age and duly sworn, on my oath, state that I am the <u>Secretary</u> of <u>Oregon-Idaho Utilities, Inc.</u> ("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: |
| is able to remain functional in emergencies, and, complies with service quality and consumer protection measures in (check one): <u>X</u> 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 <u>first</u> day of <u>July</u> , 2007. |
| Oregon-Idaho Utilities, Inc. (Company) |
| By: Alison Beck Mism Bed (Name) |
| Its: Secretary (Title) |
| SUBSCRIBED AND SWORN to before me this on July, 2007 by Alison Beck, |
| proved to me on the basis of satisfactory evidence to be the person who appeared before |
| me. See attacky |
| Notary Public |
| Avoidity I dolle |
| |

CALIFORNIA JURAT WITH AFFIANT STATEMENT

| \(C\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ta\ | | |
|---|--|--|
| State of California | | |
| County of Alameda | } ss. | |
| See Attached Document (Notary to cross out lines 1–6 below) See Statement Below (Lines 1–5 to be completed only by document signer[s], <i>not</i> Notary) | | |
| | | |
| 2 | | |
| 3 | TOT, NOT AND THE TOTAL COLUMN TO AND THE TOTAL COLUMN THE COLUMN T | |
| 4 | | |
| 5 | | |
| 6Signature of Document Signer No. 1 | Signature of Document Signer No. 2 (if any) | |
| | Subscribed and sworn to (or affirmed) before me on this | |
| | day of July , 2007, by (1) Alism Becle | |
| | (1) Alisa Beck Name of Signer, | |
| | ☐ Personally known to me ☐ Proved to me on the basis of satisfactory evidence | |
| | to be the person who appeared before me (.) (,) (and | |
| 244 | (2), Name of Signer □ Personally known to me | |
| SHELLY T. LOWE COMM. #1593139 NOTARY PUBLIC - CALIFORNIA ALAMEDA COUNTY | Proved to me on the basis of satisfactory evidence to be the person who appeared before me.) | |
| My Comm. Expires June 29, 2009 | Signature of Notery Public | |
| Place Notary Seal Above OP | TIONAL | |
| Though the information below is not required by law, valuable to persons relying on the document and co fraudulent removal and reattachment of this form to ano | ould prevent OF SIGNER #1 OF SIGNER #2 | |
| Further Description of Any Attached Document | | |
| Title or Type of Document: Att I davit Certificial transferred for the Serie Quality and Compliance with Serie Quality Document Date: 10/2007 Number of Pages: | | |
| , /, | Pages: | |
| Signer(s) Other Than Named Above: No offer Signal | <u> </u> | |