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July 1, 2009

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

Re: Docket # UN 1426

Dear Sir or Madam:

Pursuant to the requirements contained in the Commission's Order entered in Docket # UM 1426, Midvale Telephone Exchange, Inc. (MTE) hereby submits the Affidavit concerning the offering of services and the use of funds. The purpose of this filing is to allow the Oregon Public Utilities Commission to certify to the Federal Communications Commission and the Universal Service Administrative Company that MTE qualifies for continued receipt of federal support during 2009.

Copies of advertisements concerning the availability of supported services and Lifeline and Link Up are attached.

If there are any questions concerning the foregoing, please contact me.

Sincerely,

Steve Child  
CEO

SC/gkb

**DOCKET NO. UM 1426**

**Required Cover Sheet for Submission of  
2009 Annual ETC Recertification Reports  
Filing Deadline: Wednesday, July 15, 2009**

Name of Eligible Telecommunications Carrier: Midvale Telephone Exchange, Inc.

Filing date: July 1, 2009

Is this: Original submission?  \_\_\_\_\_

OR

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

Person to contact for questions:

Name: Kay Bonner

Phone number: (208) 355-2211 ext 132

E-mail address: [kay@ruralnetwork.net](mailto:kay@ruralnetwork.net)

**Filing instructions:** Please file reports under Docket No. UM 1426. 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. *Please do not send copies of advertising that does not specifically contain advertising for Basic Service or Low Income Programs.* 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.

# DOCKET NO. UM 1426

## 2009 Annual Recertification Reports for ETCs in Oregon

Docket No. UM 1426

Report Formats to Satisfy Requirements of Order No. 06-292 for 2009

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**

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**Report #1 – Supported Services Offerings**

**1.1. Basic Local Usage Service Offerings – All ETCs**

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

A.  Basic local usage service offerings are filed under tariff with the Oregon PUC. The specific tariff references (with *company name, tariff number, section and page numbers*) for the basic local usage offerings and corresponding rates are:

1. residence:

\$14.35 \_\_\_\_\_

2. business:

\$19.00 \_\_\_\_\_

B.  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.

**1.2. Comparable Local Usage Plan – CETCs only**

The carrier certifies that it offers at least one basic local usage plan that is comparable to those offered by the ILECs in its designated service area: yes  no

Identify which of the plans in 1.1.B above are “comparable” to the ILEC local usage offerings, and explain the basis for the comparability. N/A \_\_\_\_\_

**1.3. Supported Services Not Provided – CETCs only**

Identify any supported services that were not available at designation, but were to be provided as a condition of ETC designation (e.g., toll restriction for qualifying low-income consumers, E911): N/A \_\_\_\_\_

Are these services provided currently? yes  no

If no, explain why not: \_\_\_\_\_

**1.4. Equal Access Acknowledgement – CETCs only N/A**

The carrier acknowledges that it may be required to provide equal access if it is the only remaining ETC in an area: yes  no

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### **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 2008. 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 2008. In this case, choose **one** of the following alternatives for reporting:
1. X The number of customer requests for supported services that were not fulfilled during calendar year 2008: 0\_\_\_\_\_.  
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. X The number of “primary held orders over 30 days” (as defined in Section 860-034-0390 of the Oregon Commission rules) for calendar year 2008: 9\_\_\_\_\_.  
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** N/A

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).

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### **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 2008 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 2008.

REPORTS #3 AND 4.2 ARE COMBINED BECAUSE WE COMBINE OUR ADVERTISING

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**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 2008 in the designated service area: \_\_\_\_4\_\_.

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

N/A

<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 2008, noting media (newspaper name, radio station, bill inserts, internet postings, etc.), run/distribution dates, and geographic coverage area.

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**Report #5 – Outage Report – All ETCs**

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

A.  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 2008. 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 2008. 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 2008 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 2008 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.



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**Report #6 – Trouble Report – All ETCs**

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

A. \_\_\_\_ Trouble reports were filed with the Oregon PUC for calendar year 2008 per Oregon PUC service quality rules. No additional submission is required for recertification purposes.

B. X Trouble reports were **not** filed with the Oregon PUC during calendar year 2008. In this case, choose **one** of the following alternatives for reporting:

1. \_\_\_\_ The average monthly number of customer trouble reports received per 100 wireless handsets for supported services during calendar year 2008, 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. X The average monthly number of customer trouble reports, as defined in Section 860-034-0390 (5) of the Oregon PUC rules, per 100 access lines, received during calendar year 2008: 0 per month, per 100 working access lines.

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### **Report #7 – Network Improvement Plan – CETCs Only N/A**

Per Docket No. UM 1217, Order No. 06-292, competitive ETCs (CETCs) must file network improvement plans annually for recertification purposes. Appendix A of the order details the information that must be included in such plans. Only CETCs must file these plans for annual recertification purposes; ILECs are not required to file such plans. 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 template in the attached Excel worksheets for their network improvement plans. This template incorporates all the items of information required by the order.

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**Report #8 – Special Commitments/Requirements – CETCs only N/A**

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.

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### **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 2009.

#### **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.

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AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Steve Child, being of lawful age and duly sworn, on my oath, state that I am the CEO [an officer] of Midvale Telephone Exchange, Inc. [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 1st day of July, 2009.

Midvale Telephone Exchange, Inc. Company)

By: \_\_\_\_\_ Steve Child (Name)

Its: CEO (Title)

SUBSCRIBED AND SWORN to before me this 1st day of July, 2009.

\_\_\_\_\_ Glennis K. Bonner

Notary public in and for the State of Idaho

My Commission Expires: April 6, 2012

**DOCKET NO. UM 1426**

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

I, Steve Child, being of lawful age and duly sworn, on my oath, state that I am the CEO [an officer] of Midvale Telephone Exchange, Inc. ("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):

X 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<sup>st</sup> day of July, 2009.

Midvale Telephone Exchange, Inc. (Company)

By: \_\_\_\_\_ Steve Child (Name)

Its: CEO (Title)

SUBSCRIBED AND SWORN to before me this 1st day of July, 2009.

\_\_\_\_\_ Glennis K. Bonner

Notary public in and for the State of Idaho

My Commission Expires: April 6, 2012