

**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: TRANS-CASCADES TELEPHONE CO.

Filing date: JULY 13, 2009

Is this: Original submission?

OR

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

Person to contact for questions:

Name DENNIS S. ANDERSON

Phone number 503-630-4202 EXT. 8942

E-mail address andersand@cvaccess.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:

SEE ATTACHED REPORT 1.1 (SHEETS 1-6)

2. business:

SEE ATTACHED REPORT 1.1 (SHEETS 1-6)

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. \_\_\_\_\_

**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): \_\_\_\_\_

Are these services provided currently? yes  no

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

**1.4. Equal Access Acknowledgement – CETCs only**

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.  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.  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. \_\_\_ 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:           .  
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).

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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.

SEE ATTACHED REPORT 4.2 (SHEET 10F1)

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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: 51.

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

SEE ATTACHED: REPORT 4.2 (SHEET 1-1)

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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.  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.  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: .29 per month, per 100 working access lines.



## DOCKET NO. UM 1426

### **Report #7 – Network Improvement Plan – CETCs Only**

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**

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, BRENDA CRISBY, being of lawful age and duly sworn, on my oath, state that I am the PRESIDENT [an officer] of TRANS-CASCADES TELEPHONE CO. ("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 13<sup>th</sup> day of JULY, 2009.

TRANS-CASCADES TELEPHONE CO. (Company)

By: Brenda Crisby (Name)

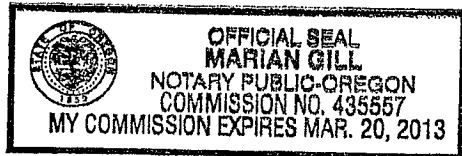
Its: PRESIDENT (Title)

SUBSCRIBED AND SWORN to before me this 13<sup>th</sup> day of July, 2009.

Marian Gill

Notary public in and for the State of Oregon

My Commission Expires: 3/20/13  
Clackamas County



DOCKET NO. UM 1426

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

I, BRENDA CROSBY, being of lawful age and duly sworn, on my oath, state that I am the PRESIDENT [an officer] of TRANS-LASLAVES TELEPHONE CO. ("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 13<sup>th</sup> day of JULY, 2009.

TRANS-LASLAVES TELEPHONE CO. (Company)

By: Brenda Crosby (Name)

Its: PRESIDENT (Title)

SUBSCRIBED AND SWORN to before me this 13<sup>th</sup> day of July, 2009.

Marian Gill  
Notary public in and for the State of Oregon

My Commission Expires: 3/20/13  
Clackamas County



LOCAL ACCESS LINE RATES

RATES

Trunks, and one-party monthly rates are listed below. An optional EAS (Extended Area Service) rate is available to all customers.

Business Rates:	PBX TRUNK	KEY SYSTEM LINE	PAY PHONE LINE	SEMI PUBLIC	ONE PARTY	
	TCSOC	TCSOC	TCSOC	TCSOC	TCSOC	
	<u>104</u>	<u>103</u>	<u>110</u>	<u>102</u>	<u>101</u>	
ANTELOPE Local Service	28.77	23.00	23.00	19.63	20.63	I
EAS Flat Rate	<u>28.76</u>	<u>22.99</u>	<u>22.99</u>	<u>19.62</u>	<u>16.94</u>	I
TOTAL	57.53	45.99	45.99	39.25	37.57	I

Residence Rates:	ONE PARTY TCSOC	
	<u>201</u>	
ANTELOPE Local Service	9.32	I
EAS Flat Rate	<u>9.32</u>	I
TOTAL	18.64	I

MEASURED MULTIPLE EXCHANGE RATES

The following rate applies to optional measured extended area service (EAS). The rate applies to each minute, or fraction thereof, for calls to the following community(s).

	RATE PER MINUTE
MADRAS	\$0.08
WARM SPRINGS	\$0.08
BEND	\$0.08
CULVER	\$0.08
REDMOND	\$0.08

ADVICE NO. 86  
 ISSUED: February 9, 2006

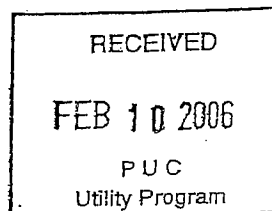
EFFECTIVE: August 5, 2006

ISSUED BY: TRANS CASCADES TELEPHONE CO.

TITLE: President

BY: Brenda Crosby

February 9, 2006



TRANS-CASCADES TELEPHONE COMPANY



LOCAL SERVICE

ACCESS LINE RATES

CONDITIONS

Local service is provided through facilities owned and maintained according to the standards of the Company. The territory served is shown on maps filed with the Commissioner by the Company. This territory is referred to as an Exchange.

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|  
D

The application of business or residence rates is determined by the actual or obvious use made of the service by the customer. Where only one primary access line is provided at a location which is both business and residence, the business rate will apply. Flat rate service will not be installed on premises of a public or semi-public character in a location where a telephone connected to the access line would be accessible for use by the patrons of the customer or by the public in general.

Local service rates include the line which provides access to the central office switching equipment. Customer premises equipment (CPE) are excluded; except one telephone is included with semi-public service. Customer premises inside wire is excluded.

Advice No. 63

Issued January 2, 1990 Effective February 1, 1990

Issued By TRANS-CASCADES TELEPHONE COMPANY

By R. D. D.

TRANS-CASCADES TELEPHONE COMPANY

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES



Oregon Telephone Assistance Program (Lifeline or OTAP)  
And Link Up Program

Oregon Telephone Assistance Program (Lifeline or OTAP)

Lifeline provides for a discount against the recurring monthly rate for the provision of local residential service for certain low-income customers. Lifeline, and Link Up are joint State and Federal Programs pursuant to 47 C.F.R. Subpart E, 54. In order to be eligible for Lifeline, subscribers must meet the requirements for the Oregon Telephone Assistance Program as defined in OAR 860-033-0030.

Lifeline subscribers may subscribe to toll blocking at no extra charge. Toll blocking is a service provided that allows OTAP recipients to elect not to allow the completion of outgoing toll calls from their telecommunications circuit (OAR 86-033-0005(9)). Lifeline subscribers who subscribe to toll blocking will not be required to pay service deposits in order to initiate service.

Lifeline subscribers will not be disconnected for non-payment of toll charges, regardless of whether toll blocking is activated on their service. Partial payments received from Lifeline subscribers will be first applied to local service and then to toll charges.

Lifeline will not be furnished with Foreign Exchange service.

ADVICE NO. 77

ISSUED: December 9, 1997 EFFECTIVE: January 1, 1998

ISSUED BY: TRANS CASCADES TELEPHONE COMPANY

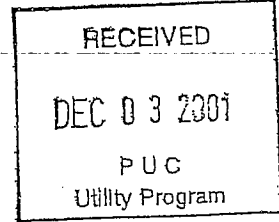
BY: Brenda Crosby TITLE: Vice President



TRANS CASCADES TELEPHONE COMPANY

LOCAL SERVICE

LOCAL ACCESS LINE RATES



RATES (continued)

Oregon Telephone Assistance Program (Lifeline or OTAP) And Link Up Program (continued)

The following services are included in Lifeline:

- o Single party, voice grade access to the Public Switched Network
- o Access to emergency services
- o Access to operator services
- o Access to interexchange services, unless toll blocking is chosen
- o Access to directory assistance
- o Toll Blocking

The discount will begin with the date the company receives a valid application from the customer or when new service is established for a qualifying customer. The discount will be prorated from the effective date of the customer's application. The discount is applicable only to one access line at a residential customer's principal residence.

The reductions to be applied to the residential one-party rate are as follows:

Baseline Federal Lifeline Reductions	\$5.00	*	C
Supplemental Federal Reduction	1.75		
State Supported Reduction (OTAP)	3.50		
Additional Federal Reduction*	1.75		
*(equal to 1/2 of OTAP amount)			
Total	\$12.00		C

These reductions are from the normal residential one-party service subscribed to by the subscriber. The Baseline Federal Lifeline Reduction shall be used to waive the subscribers' Federal End User Common Line charge or SLC.

\* Note: This may increase up to \$6.00 July 1, 2002 and up to \$6.50 July 1, 2003.

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ADVICE NO. 81

ISSUED: November 30, 2001 EFFECTIVE: January 1, 2002

ISSUED BY: Trans Cascades Tele- TITLE: Vice President  
phone Company

BY: Brenda Crosby

TRANS CASCADES TELEPHONE COMPANY

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES (Continued)

Oregon Telephone Assistance Program (Lifeline or OTAP)  
And Link Up (Continued)



LINK-UP PROGRAM

Subscribers who meet the requirements for Lifeline are eligible for the Federal Communication Commission's Link Up Program. A qualifying low-income subscriber may choose one or both of the following programs:

- a. A reduction in the customary charge for connecting service at the subscriber's principal place of residence which shall be half the connection charge, or \$30.00 whichever is less; and
- b. A deferred schedule for payment of the charges assessed for commencing service, for which the subscriber does not pay interest. The interest charges not assessed to the subscriber shall be for connection charges of up to \$200.00 that are deferred for a period not to exceed one year. Charges assessed for commencing service include any charges that the company customarily assesses to connect subscribers to the network. These charges do not include any permissible security deposit requirements.
- c. A carrier's Link Up program shall allow a consumer to receive the benefit of the Link Up program for a second or subsequent time only for a principal place of residence with an address different from the residence address at which the Link Up assistance was provided previously.

ADVICE NO. 77

ISSUED: December 9, 1997

EFFECTIVE: January 1, 1998

ISSUED BY: TRANS CASCADES TELEPHONE COMPANY

BY: Brenda Crosby

TITLE: Vice President

TRANS-CASCADES TELEPHONE CO.

LOCAL SERVICE



Promotions

Each year, Trans-Cascades Telephone Co. offers the following promotional sales to its customers on a regularly scheduled basis:

- A. Touch Calling: Conversion of single line "rotary" telephone services to "touch -calling" with no installation charge.

Offered once a year in July.

- B. Custom Calling Services: The Non-recurring Charges for the installation of any "Custom Calling Services" will be waived when an order is received from the customer ordering these services offered three times a year; April, October, and December.

NOTE: In addition to the above, a one time promotional sale will be offered in January 1990.

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M  
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Advice No. 62

Issued November 20, 1989 Effective December 1, 1989

Issued By TRANS-CASCADES TELEPHONE CO.

By \_\_\_\_\_ Title Vice President

Practically Indispensable.

1320 SW Broadway, Portland, OR 97201-3499

### Affidavit of Publication

I, Michelle Harris, duly sworn depose and say that I am the Principal Clerk Of The Publisher of The Oregonian, a newspaper of general circulation, as defined by ORS 193.010 and 193.020, published in the city of Portland, in Multnomah County, Oregon; that the advertisement was published without interruption in the entire and regular issue of The Oregonian or the issue on the following date(s):

1/6/2009

Michelle Harris

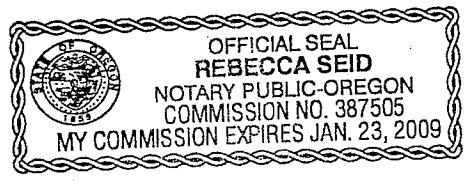
Principal Clerk of the Publisher:

1-7-09

Subscribed and sworn to before me this date:

Rebecca Seid

Notary:



Ad Order Number: 0002712673

**IMPORTANT NOTICE FROM Cascade Utilities, Inc., dba Reliance Connects**  
Reliance Connects is a quality telecommunications service provider that provides basic & enhanced services at reasonable rates within its service territory. Basic Services are offered at the following rates: Monthly Svc Charge Ranges  Single Party Residence Service: \$16.74 Single Party Business Service: \$32.22 Federal Subscriber Line charge - single line: \$6.50 Directory Assistance Charges are based on your inter-exchange provider's rates  Touch Tone Service: Touch Tone is provided as a part of local service rate.  Toll Blocking: Available at no charge for qualifying low income customers  Emergency 911 Services: Surcharges for 911 services are assessed according to government policy. Low-income individuals may be eligible for Federal and State Lifeline and Link-up telephone assistance programs which include discounts from the above basic local svc charges. Basic Services are offered to all consumers in the Reliance Connects service territories at the rates, terms, and conditions specified in our Company's services, please call us at 503-630-4202.

# Interstate Common Line Support (ICLS) 2009-2010

Date: 6/22/2009

# ICLS

To: 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 Trans-Cascades 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.

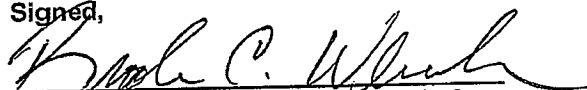
I am authorized to make this certification on behalf of the company named above. This certification is for the  
study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

### ICLS

Company Name	State	Study Area Code
Trans-Cascades Telephone Company	OR	532378

(If necessary, attach a separate list of additional study areas and check this box.)

Signed,

  
[Signature of Authorized Representative]

Date: 6/22/2009

Brooke C. Wheeler  
[Printed Name of Authorized Representative]

Controller  
[Title of Authorized Representative]

**Carrier's Name:** Trans-Cascades Telephone Company  
**Carrier's Address:** P.O. Box 189, Estacada, OR 97023  
**Carrier's Telephone Number:** (503) 630-4202

\_\_\_\_\_

**Date Received**  
(For official use only)

USAC