

**DOCKET NO. UM 1688**

**Cover Sheet for Submission of  
2014 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Scio Mutual Telephone Association

Filing date: June 18, 2014

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

Person to contact for questions:

Name                    Deborah Hogan  
Phone number        503-394-3369  
E-mail address      debbieh@smt-net.com

Documents included in this filing (please check applicable items):

- \_\_\_\_\_ CAF/ICC Support (47 CFR § 54.304)  
 Rate Floor Data (47 CFR § 54.313(h))  
\_\_\_\_\_ Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>  
\_\_\_\_\_ Form 690 (Mobility Fund per 47 CFR § 54.1009)  
\_\_\_\_\_ Affidavit for High-Cost Support

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**Filing deadlines:** The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2014. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

<sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	<i>6 numeric digits</i>	<b>532397</b>
2	Carrier Study Area Name	<i>alpha characters</i>	SCIO MUTUAL TEL. ASSOCIATION
3	Service Provider Identification Number	<i>9 numeric digits</i>	143002636
4	<b>Residential Local Service Charge Effective Date</b>	<i>mm/dd/yy</i>	07/01/14
5	Contact Name	<i>alpha characters</i>	Hogan, Deborah L
6	Contact Telephone Number (include area code)	<i>9 numeric digits</i>	503-394-3369
7	Sheet Number	<i>numeric digit(s)</i>	
8	Total Number of Sheets	<i>numeric digit(s)</i>	

**Block 2- Residential Local Service Rates, Fees, and Line Counts**

Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops