

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	532392
2	Carrier Study Area Name	alpha characters	PINE TELEPHONE SYSTEM INC. - OR
3	Service Provider Identification Number	9 numeric digits	143002633
4	Residential Local Service Charge Effective Date	mm/dd/yy	12/01/14
5	Contact Name	alpha characters	Thomas, Teena M
6	Contact Telephone Number (include area code)	9 numeric digits	541-742-2201
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

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	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	14.75		1.25		474	Halfway/Oxbow	Residential
10	7.38		0.63		37	Halfway/Oxbow	Vacation Rate
11	14.75		1.25		18	Halfway/Oxbow	Lifeline
12	14.75		1.25		63	Granite	Residential
13	7.38		0.63		10	Granite	Vacation Rate
14	14.75		1.25		3	Granite	Lifeline
15	14.75		1.25		48	Three Rivers	Residential
16	7.38		0.63		6	Three Rivers	Vacation Rate

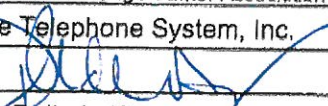
 **Completed**
12-3-2014
[Signature]

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier

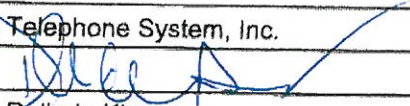
I certify that National Exchange Carrier Association (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.

I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.

Name of Authorized Agent: <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier: <u>Pine Telephone System, Inc.</u>			
Signature of authorized officer: 			Date: <u>12/03/2014</u>
Printed name of authorized officer: <u>Belinda Kluser</u>			
Title or position of authorized officer: <u>Vice President/Manager</u>			
Telephone number of authorized officer: <u>(541) 932-4411</u> ext.			
Study Area Code of Reporting Carrier	<u>532392</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>01/02/2015</u>

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: <u>Pine Telephone System, Inc.</u>			
Signature of authorized officer: 			Date: <u>12/03/2014</u>
Printed name of authorized officer: <u>Delinda Kluser</u>			
Title or position of authorized officer: <u>Vice President/Manager</u>			
Telephone number of authorized officer: <u>(541) 932-4411 ext.</u>			
Study Area Code of Reporting Carrier	<u>532392</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>01/02/2015</u>