

**DOCKET NO. UM 1726**

**Cover Sheet for Submission of  
2015 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Pine Telephone System, Inc.

Filing date: June 11, 2015

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

Person to contact for questions:

Name Delinda Kluser

Phone number 541-932-4411

E-mail address dkluser@ortelco.net

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

CAF/ICC Support (47 CFR § 54.304)

X 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)

X 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, 2015. 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	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	07/01/15
5	Contact Name	alpha characters	Kluser, Delinda
6	Contact Telephone Number (include area code)	9 numeric digits	541-932-4411
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		4	Halfway/Oxbow	Vacation Rate
11	14.75		1.25		73	Granite	Residential
12	7.38		0.63		2	Granite	Vacation Rate
13	14.75		1.25		56	Three Rivers	Residential

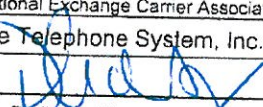
Rate Floor Data

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.

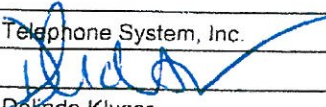
I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.

Name of Authorized Agent				National Exchange Carrier Association (NECA)					
Name of Reporting Carrier				Pine Telephone System, Inc.					
Signature of authorized officer						Date		5/27/15	
Printed name of authorized officer				Delinda Kluser					
Title or position of authorized officer				Vice President/Manager					
Telephone number of authorized officer				(541) 932-4411 ext.					
Study Area Code of Reporting Carrier		532392		Filing Due Date for this form (mm/dd/yyyy)		07/01/2015			

Rate Floor Template

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 Pine Telephone System, Inc.			
Signature of authorized officer 			Date 5/27/15
Printed name of authorized officer Dalinda Kluser			
Title or position of authorized officer Vice President/Manager			
Telephone number of authorized officer: (541) 932-4411, ext			
Study Area Code of Reporting Carrier	532392	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Delinda Kluser, being of lawful age and duly sworn, on my oath, state that I am the Vice President/Manager of Pine Telephone System, Inc. 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 requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Pine Telephone System, Inc. hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Pine Telephone System, Inc. in Oregon was used in the preceding calendar year (2014) and will be used in the coming calendar year (2016) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 10<sup>th</sup> day of June, 2015.

By: [Signature] (Officer's Name)

Its: Vice-Pres, manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 10<sup>th</sup> day of June, 2015.

Melissa Galbreath

Notary public in and for the State of Oregon

My Commission Expires: 8.12.16

