

DOCKET NO. UM 1768

**Cover Sheet for Submission of
2016 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: OREGON TELEPHONE CORP-MTE

Filing date: 06/06/2016

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@oratelco.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)) – if separate from Form 481

Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)¹

Form 690 (Mobility Fund per 47 CFR § 54.1009)

X Affidavit for High-Cost Support

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, 2016. 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.

¹ 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.

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 Oregon Telephone Corp-MTE 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, Oregon Telephone Corp-MTE 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 Oregon Telephone Corp-MTE in Oregon was used in the preceding calendar year (2015) and will be used in the coming calendar year (2017) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 4th day of June, 2016.

By: [Signature] (Officer's Name)

Its: Vice-Pres. Manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 4th day of June, 2016.

Laura Beth Gill

Notary public in and for the State of OR

My Commission Expires: 5/18/18



RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

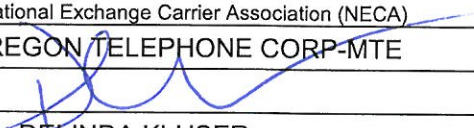
| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE |
|-------|---|--------------------------|--|
| 1 | Carrier Study Area Code | 6 numeric digits | 533336 |
| 2 | Carrier Study Area Name | alpha characters | OREGON TELEPHONE CORPORATION (MTE-OREGOI |
| 3 | Service Provider Identification Number | 9 numeric digits | 143002611 |
| 4 | Residential Local Service Charge Effective Date | mm/dd/yy | 07/01/16 |
| 5 | Contact Name | alpha characters | KLUSER, DELINDA A |
| 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 |
|---|---|--|--|-------------------|---|------------------------------|
| 14.35 | | 1.22 | | 28 | JUNTURA | 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 | | | | |
|--|---------------|--|-------------------|------------------------|
| <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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.</p> <p>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.</p> | | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u> | | | | |
| Name of Reporting Carrier <u>OREGON TELEPHONE CORP-MTE</u> | | | | |
| Signature of authorized officer  | | | | Date <u>06/02/2016</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</u> , ext. _____ | | | | |
| Study Area Code of Reporting Carrier | <u>533336</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>07/01/2016</u> | |

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 | | | | OREGON TELEPHONE CORP-MTE | |
| Signature of authorized officer | | | Date | | |
| | | | 06/02/2016 | | |
| 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 | | 533336 | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2016 | |