

DOCKET NO. UM 1768

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

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

Filing date: June 6, 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@ortelco.net

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

- CAF/ICC Support (47 CFR § 54.304)
 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)
 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.



Local Rate Floor Data Collection

Logged in User: Teena Thomas



Study Area: PINE TEL SYSTEM INC. (ID: 532392)

[Study Area List](#)

Study Area - Exchange Level Data for Local Rate Floor

Data Entry History

[Instructions](#)

[Agent Certification](#)

[Data Certification \(No Rates Less Than \\$21.93\)](#)

[Data Certification \(With Rates Less Than \\$21.93\)](#)

[Print Submitted Data in PDF format](#)

[Print Submitted Data in Excel format](#)

Data Collection Period: 201606 ▼

Name:

[First Middle Last]

Phone: [999-999-9999]

Email:

Enter all exchange/rate zone level rates and their corresponding lines below, where the sum of columns C-F is less than \$21.93.
This data will be used to calculate the impact of the local rate floor on your company's High Cost Support.

(A) Exchange Name/Zone Name	(B) Class Of Service	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residential Lines
Granite	Residential	16.60	0.00	1.41	0.00	18.01	63
Granite	Vacation Rate	8.30	0.00	0.71	0.00	9.01	1
Granite	Lifeline Service	16.60	0.00	1.41	0.00	18.01	4
Halfway/Oxbow	Residential	16.60	0.00	1.41	0.00	18.01	434
Halfway/Oxbow	Vacation Rate	8.30	0.00	0.71	0.00	9.01	2
Halfway/Oxbow	Emergency Line	2.00	0.00	0.17	0.00	2.17	2
Halfway/Oxbow	Lifeline Service	16.60	0.00	1.41	0.00	18.01	21
Three Rivers	Residential	16.60	0.00	1.41	0.00	18.01	57

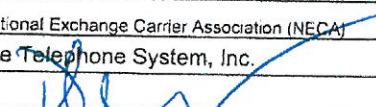
[To enter additional rows of data, click on the + button.]

If the data form is left blank, select one of the boxes below:

- Check here if your company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2016, but has no monthly residential rates (plus charges listed above) less than \$21.93 (*certification required*)
- Check here if your company is not projected to receive High Cost Loop Support or High Cost Model Support in 2016
- Check here if you plan to submit local rate floor data directly to USAC

Rate Floor Data

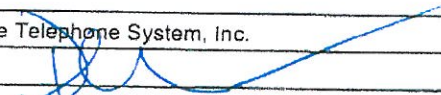
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

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>Pine Telephone System, Inc.</u>			
Signature of authorized officer 			Date <u>6/2/2016</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>532392</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				Pine Telephone System, Inc.	
Signature of authorized officer					
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)	07/01/2016		

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 (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 _____ day of _____, 2016.

By: [Signature] (Officer's Name)

Its: Vice President/Manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 3rd day of June, 2016.

Melissa Galbreath

Notary public in and for the State of Oregon

My Commission Expires: August 12, 2016

