

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Scio Mutual Telephone Association

Filing date: June 15, 2017

Is this: Original submission? X

OR

Revised submission? _____

Person to contact for questions:

Name Tym Rutkowski

Phone number (509) 777-0137

E-mail address tym.rutkowski@mossadams.com

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

X 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)¹

_____ HUBB Portal Broadband Information²

_____ Form 690 (Mobility Fund per 47 CFR § 54.1009)

_____ Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

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.

² Federal Price Cap carriers only.

DOCKET NO. UM 1822

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.

FILING INSTRUCTIONS

Please file submissions for this year in Docket No. UM 1822. Include this cover sheet with each filing to indicate which documents are included. Please fill in all relevant items of information on the cover sheet.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to puc.filingcenter@state.or.us. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Please send hard copy documents to the Filing Center via US mail using the following post office box address:

Public Utility Commission of Oregon
Attn: Filing Center
PO Box 1088
Salem, OR 97308-1088

If you send hard copy documents via means other than the US Postal Service, use the following address:

Public Utility Commission of Oregon
Attn: Filing Center
201 High Street SE, Suite 100
Salem, OR 97301

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.



2017 CAF ICC Data Collection

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Study Area: SCIO MUTUAL TEL ASSN (ID: 532397)

Intrastate Revenues (FCC TRP exhibit)

Option 1: View TRP Output in Excel

Option 2: Download TRP Data in Excel

Intrastate Revenues

Test Year 2017-2018 Expected Maximum Intrastate Revenue: [REDACTED]

Col D --	Col E --	Col F --	Col G --	Col H --	Col I --	Col J -- H*1	Col K --	Col L --	Col M -- [(L/K)^(12/21)-1] *100	Col N -- H*L
Rate Element Description	Unit of Demand	7/1/2017 Interstate Rate	Test Year 2016-2017 Current Intrastate Rate	7/1/2017 Proposed Intrastate Rate	FY 2011 Intrastate Units: Terminating for Non-Dedicated or Originating and Terminating for Dedicated Elements	Intrastate Price-out with 7/1/2017 proposed intrastate rate and FY2011 Demand	FY 2016 Intrastate Units: Terminating for Non-Dedicated and total for Dedicated Elements	Test Year 2017-2018 Forecasted Intrastate Units	Intrastate Units Growth Rate %	TY 2017-18 Forecasted Intrastate Revenue
Terminating End Office Access Service Terminating End Office, Premium, per access minute	MOU	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Terminating End Office Access Service Terminating End Office, Non-Premium, per access minute	MOU	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination Voice Grade Two Wire	Termination	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination Voice Grade Four Wire	Termination	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination High Capacity DS1	Termination	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination High Capacity DS3	Termination	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination Synchronous Optical Channel OC3	Termination	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination Synchronous Optical Channel OC12	Termination	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination ESALT 2 Mbps	Circuit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination ESALT 10 Mbps	Circuit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Entrance Facility, Per Termination ESALT 50 Mbps	Circuit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Direct Trunked Transport Facility/ Mile Voice Grade - Two Wire & Four Wire	Mile	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Direct Trunked Transport Facility/ Mile High Capacity DS1	Mile	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Direct Trunked Transport Facility/ Mile High Capacity DS3	Mile	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Direct Trunked Transport Facility/ Mile Synchronous Optical Channel OC3	Mile	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Direct Trunked Transport Facility/ Mile Synchronous Optical Channel OC12	Mile	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E1	Circuit Miles	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E2	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E3	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E4	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E1	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E2	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E3	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E4	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E1	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E2	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E3	Circuit Miles	
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E4	Circuit Miles	
Direct Trunked Transport Facility/Termination Voice Grade - Two Wire & Four Wire	Termination	
Direct Trunked Transport Facility/Termination High Capacity DS1	Termination	
Direct Trunked Transport Facility/Termination High Capacity DS3	Termination	
Direct Trunked Transport Facility/Termination Synchronous Optical Channel OC3	Termination	
Direct Trunked Transport Facility/Termination Synchronous Optical Channel OC12	Termination	
Direct Trunked Transport Facility/Termination ESALT 2 Mbps	Circuit terms	
Direct Trunked Transport Facility/Termination ESALT 10 Mbps	Circuit terms	
Direct Trunked Transport Facility/Termination ESALT 50 Mbps	Circuit terms	
Multiplexing, Per Arrangement DS3 to DS1	Termination	
Multiplexing, Per Arrangement DS1 to Voice	Termination	
Customer Node Per Node OC3 155.52 Mbps	Port	
Customer Node Per Node OC12 622.08 Mbps	Port	
Customer Premises Port, Per Port OC3 155.52 Mbps	Port	
Customer Premises Port, Per Port STS-1 51.84 Mbps	Port	
Customer Premises Port, Per Port DS3 44.736 Mbps	Port	
Customer Premises Port, Per Port DS1 1.544 Mbps	Port	
Add/Drop Multiplexing Central Office Port, Per Port DS1 1.544 Mbps	Port	
Add/Drop Multiplexing Central Office Port, Per Port	Port	

OC3 155.52 Mbps		
Add/Drop Multiplexing		
Central Office Port, Per Port	Port	
DS3 44.736 Mbps		
Network Blocking, Per		
Blocked Call Network		
Blocking, Per Blocked Call,	Call	
Applies to FGD only		
ESALT Real Time CoS/QoS,		
Per ESALT DTF-E1 Facility		
ESALT 2 Mbps	Facility	
ESALT Real Time CoS/QoS,		
Per ESALT DTF-E1 Facility		
ESALT 10 Mbps	Facility	
ESALT Real Time CoS/QoS,		
Per ESALT DTF-E1 Facility		
ESALT 50 Mbps	Facility	
ESALT Entrance Facility		
Protection, Per ESALT		
Entrance Facility ESALT 2	Circuit	
Mbps		
ESALT Entrance Facility		
Protection, Per ESALT		
Entrance Facility ESALT 10	Circuit	
Mbps		
ESALT Entrance Facility		
Protection, Per ESALT		
Entrance Facility ESALT 50	Circuit	
Mbps		
Common Channel Signaling		
Network Connection		
Signaling Mileage Facility,		
Per Mile	Mile	
Common Channel Signaling		
Network Connection		
Signaling Mileage		
Termination, Per		
Termination	Termination	
Common Channel Signaling		
Network Connection		
Signaling Entrance Facility,		
Per Facility	Facility	
Common Channel Signaling		
Network Connection STP		
Port, Per Port	Port	
Terminating Tandem		
Switched Transport		
Terminating Tandem		
Switched Transport Facility	Minutes /	
	Mile	
Terminating Tandem		
Switched Transport		
Terminating Tandem		
Switched Termination	Minutes	
Terminating Tandem		
Switched Transport		
Terminating Tandem		
Switching	Minutes	
Nonrecurring Charges Voice		
Grade Two Wire	Facility	
Nonrecurring Charges Voice		
Grade Four Wire	Facility	
Nonrecurring Charges High		
Capacity DS1	Facility	
Nonrecurring Charges High		
Capacity DS3	Facility	
Nonrecurring Charges		
Synchronous Optical		
Channel OC3	Facility	
Nonrecurring Charges		
Synchronous Optical		
Channel OC12	Facility	
Nonrecurring Charges		
Interim NXX Translation,		
Per Order	Order	
Nonrecurring Charges FGC		
and FGD Conversion of		
Multifrequency Address		
Signaling to SS7 Signaling		
or SS7 Signaling to		
Multifrequency Address		
Signaling, per 24 trunks		
converted or fraction		
thereof on a per order basis	Order	

Nonrecurring Charges Trunk Activation, per 24 trunks activated or fraction thereof on a per order basis	Order	
Nonrecurring Charges Flexible Automatic Number Identification (Flex ANI), per End Office, per CIC	End Office	
Nonrecurring Charges ESALT 2 Mbps	Facility	
Nonrecurring Charges ESALT 10 Mbps	Facility	
Nonrecurring Charges ESALT 50 Mbps	Facility	
Nonrecurring Charges ESALT Direct Trunked Termination, per ESALT Direct Trunked Termination installed	Order	
Nonrecurring Charges ESALT Entrance Facility Protection, per ESALT Entrance Facility	Facility	

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Study Area: SCIO MUTUAL TEL ASSN (ID: 532397)

Study Area USAC Reports

[View Printer-friendly report]

2017 USAC Data Report (Test Period 2017-2018) v

CONNECT AMERICA FUND

Data to be provided to USAC/FCC in June 2017 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/17-6/30/18 Post True-up (Filing) View	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 ^ 6)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 15/16 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)
Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops	
26	ARC Revenue Adjustment
27	Adjusted Test Period 2017-2018 CAFICC Support (Line 25 - Line 26)

NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) * (Line 1/ Sum of Line 1 for all TS pool participants)

**NECA estimate provided for informational purposes only - actual to be calculated by USAC.



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Study Area: SCIO MUTUAL TEL ASSN (ID: 532397)

Access Recovery Charges

Recalculate ARC Rates & CAF Support revenues

[Test Period 2017-18 Pre-True-up View](#)
[Test Period 2017-18 Post-True-Up \(Filing\) View](#)

Test Period 2017-2018 Post True-Up (Filing) View

Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SLB Lines	SLB ARC	SLB ARC Revenue	MLB Lines	MLB ARC	MLB ARC Revenue	Total ARC Revenue
Scio/1										
Scio/2										
Scio/3										
Scio/4										
Study Area Summary										

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Name of Reporting Carrier: **SCIO MUTUAL TEL ASSN**

Thomas Barth

Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=om.barth@smta.coop,O=scio mutual tel assn/,c=Scio OR 97374, Date:5/22/2017

Date: **5/22/2017**

Printed name of Authorized Officer: **Thomas Barth**

Title or position of Authorized Officer: **CEO/General Manager**

Telephone number of Authorized Officer: **503-394-3366**

Study Area Code of Reporting Carrier

532397

Filing Due Date for this form (mm/dd/yyyy)

6/16/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

I certify that (Name of Agent) National Exchange Carriers Association, Inc. 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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.

Name of Authorized Agent: National Exchange Carriers Association, Inc.

Name of Reporting Carrier: SCIO MUTUAL TEL ASSN

Thomas Barth

Digitally signed by Thomas Barth DN: cn=Thomas Barth, email=tom.barth@smta.coop, O=sco mutual tel assn, j=Sco OR 97374, Date:5/22/2017

Date: 5/22/2017

Printed name of Authorized Officer: Thomas Barth

Title or position of Authorized Officer: CEO/General Manager

Telephone number of authorized officer: 503-394-3366

Study Area Code of Reporting Carrier

532397

Filing Due Date for this form (mm/dd/yyyy)

6/16/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SCIO MUTUAL TEL ASSN**

Thomas Barth

Digitally signed by Thomas Barth DN: cn=Thomas Barth, email=tom.barth@smta.coop, O=scio mutual tel assn, j=Scoi OR 97374, Date:5/22/2017

Date: **5/22/2017**

Printed name of Authorized Officer or employee: **Thomas Barth**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **503-394-3366**

Study Area Code of Reporting Carrier

532397

Filing Due Date for this form (mm/dd/yyyy)

6/16/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: **SCIO MUTUAL TEL ASSN**

Digitally signed by Thomas Barth DN: cn=Thomas Barth, email=tom.barth@smta.coop, O=scio mutual tel assn, j=Scio OR 97374, Date:5/22/2017

Thomas Barth

Signature of Authorized Officer or employee: Date: **5/22/2017**

Printed name of Authorized Officer or employee: **Thomas Barth**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **503-394-3366**

Study Area Code of Reporting Carrier

532397

Filing Due Date for this form (mm/dd/yyyy)

6/16/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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	532397
2	Carrier Study Area Name	alpha characters	SCIO MUTUAL TEL. ASSOCIATION
3	Service Provider Identification Number	9 numeric digits	143002636
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	Hogan, Deborah L
6	Contact Telephone Number (include area code)	9 numeric digits	503-394-3369
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
					Scio/3	Measured EAS
					Scio/3	Lifeline

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				Scio Mutual Telephone Association	
Signature of authorized officer		<i>Thomas J. Barth</i>		Date 06/09/2017	
Printed name of authorized officer		Thomas J. Barth			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		(503) 394-3366 ext.			
Study Area Code of Reporting Carrier		532397	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017	

Rate Floor Data

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

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <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>Scio Mutual Telephone Association</u>			
Signature of authorized officer <u>Thomas J. Barth</u>			Date <u>06/09/2017</u>
Printed name of authorized officer <u>Thomas J. Barth</u>			
Title or position of authorized officer <u>CEO/General Manager</u>			
Telephone number of authorized officer: <u>(503) 394-3366</u> ext.			
Study Area Code of Reporting Carrier	<u>532397</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2017</u>