DOCKET NO. UM 1688

Cover Sheet for Submission of 2014 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: Trans-Cascades Telephone

Filing date: _____ 7/1/14_____

Is this: Original submission? X______ OR Revised submission?

Person to contact for questions:

Name Summer McPherson

Phone number _____ 503-630-8977

E-mail address <u>mcphersons@cuaccess.net</u>

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

_____ CAF/ICC Support (47 CFR § 54.304)

<u>X</u> Rate Floor Data (47 CFR § 54.313(h))

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

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

<u>X</u> 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, 2014. 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.

Rate Floor Template

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Certification	of Officer as to	the Accur	acy of the Data Reported	I for the Rate FI	oor Data
I certify that I am an officer of the reported ; and, to the best of my Name of Reporting Carrier Trans-Cas	knowledge, the inf	formation re	ported on this form is accura		actual rate floor data
Signature of authorized officer		Date 7/1/14			
Printed name of authorized officer Broo	ke Wheeler				
Title or position of authorized officer CF	0				
	503) 630-8952	ext.			
Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	07/01/2014	
I certify that our company receives or as defined) less than \$20.46.	is projected to receive I	High Cost Loop	Support or High Cost Model Support	in 2014 and has no m	nonthly residential rates (plus charges

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, *Brenda Crosby*, being of lawful age and duly sworn, on my oath, state that I am the *President* of *Trans-Cascades Telephone* 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, *Trans-Cascades Telephone* 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 *Trans-Cascades Telephone* in Oregon was used in the preceding calendar year (2013) and will be used in the coming calendar year (2015) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

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DATED 11

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DATED this <u>5</u> day of <u>June</u> ,	2014.
By: Beenda Crosby Its: <u>President</u>	(Officer's Name) _ (Officer's Title)
SUBSCRIBED AND SWORN to before me th	
Notary public in and for the State of $ORec$ My Commission Expires: $3/20/17$	OFFICIAL SEAL MARIAN C GILL NOTARY PUBLIC - OREGON COMMISSION NO. 475527 MY COMMISSION EXPIRES MARCH 20, 2017
Clackanas CO.	