

DOCKET NO. UM 1688

**Cover Sheet for Submission of
2014 Annual ETC Certification Reports
Mid-Year Local Rate Information**

Name of Eligible Telecommunications Carrier: Asotin Telephone Company

Filing date: December 29, 2014

Is this: Original submission? X

OR

Revised submission? _____

Person to contact for questions:

Name Gail Long

Phone number (541) 516-8210

E-mail address gail.long@tdstelecom.com

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)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, 2014. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

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.



525 Junction Rd
Madison, WI 53717
www.tdstelecom.com

December 29, 2014

Public Utility Commission of Oregon
Attn: Filing Center
3930 Fairview Industrial Drive SE
Salem, OR 97302-1166

RE: Docket UM 1688 – Mid-Year Reports
Copy of Voice Rate Data Filed Pursuant to 54.313(h)(2)

Dear Commission:

Pursuant to Section 54.313(i) of the Federal Communications Commission's rules, all reports pursuant to this section shall be filed with the relevant state commissions. Enclosed is a copy of the Section 54.313(h) mid-year additional voice rate data and certifications that have been filed with the FCC and USAC for the following TDS Telecom study area:

532404 – Asotin Telephone Company, OR

TDS Telecom respectfully requests that the Public Utility Commission of Oregon afford this information confidential treatment as public disclosure would cause significant commercial and competitive harm to the Company.

Please contact the undersigned should you have any questions concerning our request for confidentiality.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Schiefelbein /ks".

Bruce Schiefelbein
Manager – Regulatory Compliance
(608) 664-5455

Attachments
c.c. Gail Long

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

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	532404
2	Carrier Study Area Name	alpha characters	ASOTIN TELEPHONE COMPANY - OREGON
3	Service Provider Identification Number	9 numeric digits	143002589
4	Residential Local Service Charge Effective Date	mm/dd/yy	12/01/14
5	Contact Name	alpha characters	Yefchak, Keith
6	Contact Telephone Number (include area code)	9 numeric digits	608-664-4187
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	16.00		1.36			Flora-Troy	Flat
10	16.00		1.36			Flora-Troy	Lifeline
11	8.00		0.68			Flora-Troy	Seasonal

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 ASOTIN TELEPHONE COMPANY-OR

Signature of authorized officer or employee *Kevin G. Hess* Date 12/9/2014

Printed name of authorized officer or employee Kevin G. Hess

Title or position of authorized officer or employee Sr. Vice President

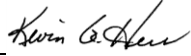
Telephone number of authorized officer or employee: (608) 664 - 4160, ext. _ _ _ _

Study Area Code of Reporting Carrier	532404		Filing Due Date for this form (mm/dd/yyyy)	1/2/2015	
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Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc (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 the 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 Inc. (NECA)	
Name of Reporting Carrier		ASOTIN TELEPHONE COMPANY-OR	
Signature of authorized officer or employee			Date
Printed name of authorized officer or employee		Kevin G. Hess	
Title or position of authorized officer or employee		Sr. Vice President	
Telephone number of authorized officer or employee: (608) 664 - 4160, ext. _____			
Study Area Code of Reporting Carrier	532404	Filing Due Date for this form (mm/dd/yyyy)	1/2/2015