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Block 1 -	Block 1 - Contact Information						
ROW#	DATA E	DATA ELEMENT	FORMAT OF	로 위		BESDONSE	
			7,170			A FOR ONCE	
			DATA	30.01			
	Carrier Study Area Code		6 numeric digits		532392		
2	Carrier Study Area Name		alpha characters		PINE TELEPHONE SYSTEM INC - OR	TEM INC - OR	
ω	Service Provider Identification Number	ation Number	9 numeric digits		143002633		
4	Residential Local Service Charge Effective Date	e Charge Effective Date	mm/dd/yy		12/01/14		
5	Contact Name		alpha characters		Thomas, Teena M		
6	Contact Telephone Number (include area code)	er (include area code)	9 numeric digits		541-742-2201		
7	Sheet Number		numeric digit(s)				
8	Total Number of Sheets		numeric digit(s)				
			Block 2- Residential Local Service Rates, Fees	ocal Service Rates	, Fees, and Line Counts	াৰ্ড	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Manditory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	14.75		1.25		474	Halfway/Oxbow	Residential
10	7.38		0.63		37	Halfway/Oxbow	Vacation Rate
13	14.75		1.25		18	Halfway/Oxbow	Lifeline
12	14.75		1.25		63	Granite	Residential
3	7.38		0.63		10	Granite	Vacation Data
14	14.75		1.25		) )	)	lifolino
15	14.75				c	l Granite	
			1.25		48	Three Rivers	Residential

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  I certify that National Exchange Carrier Association (NECA)  I certify that National Exchange Carrier Association (NECA)  I certify that I am an officer of the reporting carrier; my responsibility 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 is accurate.  I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; and to the best of my knowledge the information reported herein is accurate.  Name of Authorized Agent National Exchange Carrier Association (NECA)  Name of Authorized Agent National Exchange Carrier Association (NECA)  Name of Reporting Carrier Pine Telephone System, Inc.  Signature of authorized officer Delinda Kluser  Title or position of authorized officer: (541) 932-4411 ext.  Sludy Area Code of Reporting Cerrier 532392  Filing Due Date for this form (mm/dd/yyyy)  D1/02//2015						and the second s
Name of Reporting Carrier Pine Telephone System, Inc.  Signature of authorized officer Delinda Kluser  Title or position of authorized officer Vice President/Manager  Telephone number of authorized officer: (541) 932-4411 ext.  532392 Filing Due Date for this form	l certify that <u>National Exchi</u> the Information reported on include ensuring the accural actual rate floor data provide  I certify that I am authorized the information reported her	ange Carrier Associ behalf of the repor by of the actual rat d to the authorize	ation (NECA ting carrier e floor data d agent is a	I also certify that I am an or provided to the authorized a ccurate.	ficer of the report agent; and, to the l	s authorized to submit ting carrier; my responsibilities best of my knowledge, the
Signature of authorized officer Delinda Kluser  Title or position of authorized officer: Vice President/Manager  Telephone number of authorized officer: (541) 932-4411 ext.  532392 Filing Due Date for this form				(NECA)		
Title or position of authorized officer: Vice President/Manager  Telephone number of authorized officer: (541) 932-4411 ext.  532392 Filing Due Date for this form	Signature of authorized officer	LIA				Date 12/03/2014
Filling Due Date for this form	Printed name of authorized officer Dellin	da Kluser				
532392 Filing Due Date for this form	Title or position of authorized officer VICE	President/Ma	nager			
532392 Filing Due Date for this form	relephone number of authorized officer: (5	641) 932-4411	ext.			
					01/02//2015	

## 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 Tell	ephone System, In	ic.		
Signature of authorized officer	ALLI A			Date 12/03/2014
Printed name of authorized officer Del	inda Kluser	The state of the s		
	ce President/Mana	iger	77.230 cannot a constant	
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)	01/02/2015	