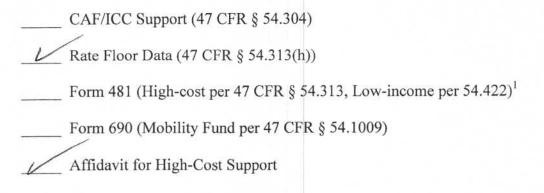
DOCKET NO. UM 1726

Cover Sheet for Submission of 2015 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier:	Helix Telephone Company
Filing date:05/27/15	
Is this: Original submission? <u>x</u> OR Revised submission?	
Person to contact for questions:	
Name James A. Smith	
Phone number541-457-2385	
E-mail address <u>htc@helixtel.com</u>	

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



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, 2015. 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.

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, James A Smith, being of lawful age and duly sworn, on my oath, state that I am the President of Helix Telephone Company 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.

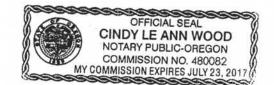
Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Helix Telephone Company hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Helix Telephone Company in Oregon was used in the preceding calendar year (2014) and will be used in the coming calendar year (2016) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 27th day of May , 2015. President Its:

SUBSCRIBED AND SWORN to before me this ______, 2015.

Notary public in and for the State of Oregon My Commission Expires: <u>July</u>



NECA -

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Study Area List

Local Rate Floor Data Collection

Logged in User: James Smith

Study Area: HELIX TEL CO. (ID: 532376)

Study Ar	ea - Exchange	e Level Da	ata for Local Rate Floor	
	Data	a Entry His	story	
Data Collection Period: 2	01506 🗸	Data	Instructions Agent Certification Certification (No Rates Less Than \$21.22) Data Certification (With Rates Less Than \$21.22) Print Submitted Data in PDF format Print Submitted Data in Excel format	
Name:	James	A	Smith	
	[First Middle Last]			
Phone:	541-457-2385	[999-999-	9999]	
Email:	htc@helixtel.com	1		

Enter all exchange/rate zone level rates and their corresponding lines below, where the sum of columns C-F is less than \$21.22.

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	a second s	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	
Helix	R1	16.80		1.49	0.00	18.29	222

[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 2015,

but has no monthly residential rates (plus charges listed above) less than \$21.22 (certification required)

Check here if your company is not projected to receive High Cost Loop Support or High Cost Model Support in 2015

Check here if you plan to submit local rate floor data directly to USAC

Study Area List	Submit Response	Exit	~
			>
Ter	© 2015 NECA ms of Use Privacy Policy		

Rate	Floor	Temp	late
	1 10 01	i anite	

Certificatio	n of Officer as to the	Accuracy of the Data Reported	for the Rate Fl	oor Data
		responsibilities include ensuring the nation reported on this form is accurat		ctual rate floor data
lame of Reporting Carrier Helix Tel	ephone	/		
//_	ephone	×		_{Date} May 27 2015
Name of Reporting Carrier Helix Tele	ephone			_{Date} May 27 2015
Signature of authorized officer	ale alm			_{Date} May 27 2015
Signature of authorized officer	nes A Smith			_{Date} May 27 2015

Rate Floor Data

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

I certify that I am authorized	behalf of the reporting c cy of the actual rate floo d to the authorized age to submit the informatio	NECA) arrier. I also certify that I am an of r data provided to the authorized a nt is accurate. on reported on this form on behalf o ded by the reporting carrier; and to	ficer of the reporti gent; and, to the b of the reporting ca	urrier: that I have provided
Name of Authorized Agent National E	Exchange Carrier Assoc	iation (NECA)		
Name of Reporting Carrier Helix Tel	ephone Company	. /		
Signature of authorized officer	ma M	mith		Date May 27 2015
Printed name of authorized officer Jan	nes A Smith			
Title or position of authorized officer Pre	esident			
Telephone number of authorized officer:	(541) 457-2385 ext.			
Study Area Code of Reporting Carrier	532376	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	

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