

DOCKET NO. UM 1726

**Cover Sheet for Submission of
2015 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: North-State Telephone Co

Filing date: June 12, 2015

Is this: Original submission? X
OR
Revised submission? _____

Person to contact for questions:

Name Delinda Kluser

Phone number 541-932-4411

E-mail address dkluser@ortelco.net

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)

X 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, 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.

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	532388
2	Carrier Study Area Name	alpha characters	NORTH STATE TELEPHONE COMPANY - OR
3	Service Provider Identification Number	9 numeric digits	143002629
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/15
5	Contact Name	alpha characters	Kluser, Delinda A
6	Contact Telephone Number (include area code)	9 numeric digits	541-932-4411
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

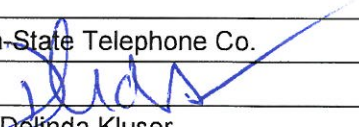
Block 2 - Residential Local Service Rates, Fees, and Line Counts

9	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
	12.45		1.61	6.40	307	Dufur	Residential

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 North-State Telephone Co.			
Signature of authorized officer 			Date 05/29/2015
Printed name of authorized officer Delinda Kluser			
Title or position of authorized officer Vice-Pres, Manager			
Telephone number of authorized officer: (541) 932-4411, ext.			
Study Area Code of Reporting Carrier	532388	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015


Rate Floor Data

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) 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 data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.

Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>North-State Telephone Co.</u>			
Signature of authorized officer 			Date <u>05/29/2015</u>
Printed name of authorized officer <u>Delinda Kluser</u>			
Title or position of authorized officer <u>Vice-Pres, Manager</u>			
Telephone number of authorized officer: <u>(541) 932-4411</u> ext.			
Study Area Code of Reporting Carrier	<u>532388</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2015</u>

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Delinda Kluser, being of lawful age and duly sworn, on my oath, state that I am the Vice President/Manager of North- State Telephone Co. 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, North-State Telephone Co. hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

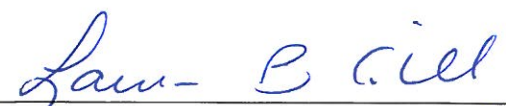
I attest that all federal high-cost support provided to North-State Telephone Co. in Oregon was used in the preceding calendar year (2014) and will be used in the coming calendar year (2016) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 12th day of June, 2015.

By:  (Officer's Name)

Its: Vice President/Manager

SUBSCRIBED AND SWORN to before me this 12th day of June, 2015.



Notary public in and for the State of Oregon

My Commission Expires: 5-18-18

