

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Home Telephone Company

Filing date: 6/8/17

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)

Rate Floor Data (47 CFR § 54.313(h))

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

HUBB Portal Broadband Information²

Form 690 (Mobility Fund per 47 CFR § 54.1009)

Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

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.

² Federal Price Cap carriers only.

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	532377
2	Carrier Study Area Name	alpha characters	HOME TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002622
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
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

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
16.55		1.41		353	CONDON	RESIDENTIAL

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 Home 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, Home 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 Home Telephone Company in Oregon was used in the preceding calendar year (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 7th day of June, 2017.

By: [Signature] (Officer's Name)

Its: vice-pres, manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 7th day of June, 2017.

Laura B. Gill

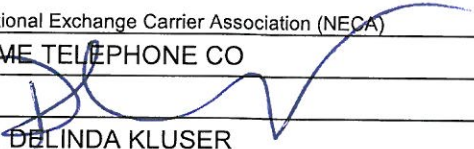
Notary public in and for the State of Oregon

My Commission Expires: 5/18/2018



Rate Floor Data

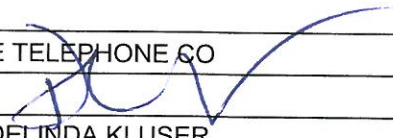
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier			
<p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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.</p> <p>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.</p>			
Name of Authorized Agent	National Exchange Carrier Association (NECA)		
Name of Reporting Carrier	HOME TELEPHONE CO		
Signature of authorized officer			Date 6/8/17
Printed name of authorized officer	DELINDA KLUSER		
Title or position of authorized officer	VICE PRESIDENT/MANAGER		
Telephone number of authorized officer:	(541) 932-4411, ext.		
Study Area Code of Reporting Carrier	532377	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017

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 HOME TELEPHONE CO			
Signature of authorized officer 			Date 6/8/17
Printed name of authorized officer DELINDA KLUSER			
Title or position of authorized officer VICE PRESIDENT/MANAGER			
Telephone number of authorized officer: (541) 932-4411 ext.			
Study Area Code of Reporting Carrier	532377	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: North-State Telephone Co

Filing date: 6/8/17

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

_____ HUBB Portal Broadband Information²

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

_____ Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

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.

² Federal Price Cap carriers only.

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	06/01/17
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

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		1.42	4.24	298	DUFUR	RESIDENTIAL

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 (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 7th day of June, 2017.

By: [Signature] (Officer's Name)

Its: vice-pres, manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 7th day of June, 2017.

[Signature]

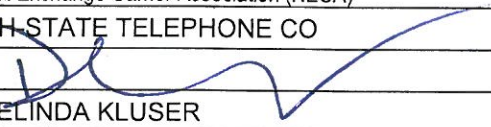
Notary public in and for the State of Oregon

My Commission Expires: 5/18/18



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			
<p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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.</p> <p>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.</p>			
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>6/8/17</u>
Printed name of authorized officer <u>DELINDA KLUSER</u>			
Title or position of authorized officer <u>VICE PRESIDENT/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>07/01/2017</u>

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			6/8/17		
Printed name of authorized officer				DELINDA KLUSER	
Title or position of authorized officer				VICE PRESIDENT/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)	07/01/2017	

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Oregon Telephone Corp

Filing date: 6/8/17

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

_____ HUBB Portal Broadband Information²

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

_____ Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

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.

² Federal Price Cap carriers only.

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	532389
2	Carrier Study Area Name	alpha characters	OREGON TELEPHONE CORPORATION
3	Service Provider Identification Number	9 numeric digits	143002630
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
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

	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	11.95		1.41	4.67	12	BATES	RESIDENTIAL
10	11.95		1.41	4.67	87	DAYVILLE	RESIDENTIAL
11	2.00		0.17		1	DAYVILLE	E-LINE
12	11.95		1.41	4.67	418	MT VERNON	RESIDENTIAL
13	2.00		0.17		8	MT VERNON	E-LINE
14	11.95		1.41	4.67	396	PRAIRIE CITY	RESIDENTIAL
15	2.00		0.17		2	PRAIRIE CITY	E-LINE
16	11.95		1.41	4.67	168	UNITY	RESIDENTIAL

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 Oregon Telephone Corp 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, Oregon Telephone Corp 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 Oregon Telephone Corp in Oregon was used in the preceding calendar year (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 7th day of June, 2017.

By: [Signature] (Officer's Name)

Its: vice-pres, manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 7th day of June, 2017.

Laura B Gill

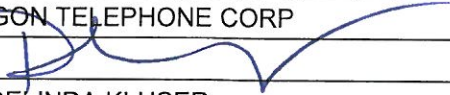
Notary public in and for the State of Oregon

My Commission Expires: 5/18/18



Rate Floor Data

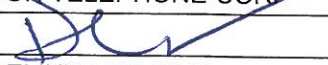
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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.</p> <p>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.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>OREGON TELEPHONE CORP</u>			
Signature of authorized officer 			Date <u>6/8/17</u>
Printed name of authorized officer <u>DELINDA KLUSER</u>			
Title or position of authorized officer <u>VICE PRESIDENT/MANAGER</u>			
Telephone number of authorized officer: <u>(541) 932-4411</u> , ext.			
Study Area Code of Reporting Carrier	<u>532389</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2017</u>

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				OREGON TELEPHONE CORP					
Signature of authorized officer						Date		6/8/17	
Printed name of authorized officer				DELINDA KLUSER					
Title or position of authorized officer				VICE PRESIDENT/MANAGER					
Telephone number of authorized officer: (541) 932-4411 ext.									
Study Area Code of Reporting Carrier		532389		Filing Due Date for this form (mm/dd/yyyy)		07/01/2017			

DOCKET NO. UM 1822

**Cover Sheet for Submission of
2017 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Oregon Telephone Corp - MTE

Filing date: 6/8/17

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

_____ HUBB Portal Broadband Information²

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

_____ Affidavit for High-Cost Support

Filing deadlines: The Oregon 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 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

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.

² Federal Price Cap carriers only.

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	533336
2	Carrier Study Area Name	alpha characters	OREGON TELEPHONE CORPORATION (MTE-OREGOI
3	Service Provider Identification Number	9 numeric digits	143002611
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
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

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
14.35		1.22		28	JUNTURA	RESIDENTIAL

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 Oregon Telephone Corp-MTE 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, Oregon Telephone Corp-MTE 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 Oregon Telephone Corp-MTE in Oregon was used in the preceding calendar year (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 7th day of June, 2017.

By: [Signature] (Officer's Name)

Its: Vice-pres, manager (Officer's Title)

SUBSCRIBED AND SWORN to before me this 7th day of June, 2017.

Laura B Gill

Notary public in and for the State of Oregon

My Commission Expires: 5/18/18



Rate Floor Data

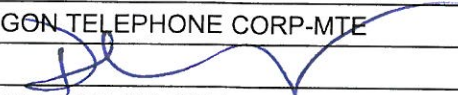
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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.</p> <p>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.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>OREGON TELEPHONE CORP-MTE</u>			
Signature of authorized officer 			Date <u>6/8/17</u>
Printed name of authorized officer <u>DELINDA KLUSER</u>			
Title or position of authorized officer <u>VICE PRESIDENT/MANAGER</u>			
Telephone number of authorized officer: <u>(541) 932-4411</u> ext.			
Study Area Code of Reporting Carrier	<u>533336</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2017</u>

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				OREGON TELEPHONE CORP-MTE			
Signature of authorized officer							
Date			6/8/17				
Printed name of authorized officer				DELINDA KLUSER			
Title or position of authorized officer				VICE PRESIDENT/MANAGER			
Telephone number of authorized officer: (541) 932-4411 ext.							
Study Area Code of Reporting Carrier		533336		Filing Due Date for this form (mm/dd/yyyy)		07/01/2017	