

DOCKET NO. UM 1822

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

Name of Eligible Telecommunications Carrier: Molalla Telephone Company

Filing date: 6/8/17

Is this: Original submission?
OR
Revised submission? _____

Person to contact for questions:

Name Terry Simms

Phone number 503-829-1122

E-mail address tsimms@molalla.com

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.

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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.

FILING INSTRUCTIONS

Please file submissions for this year in Docket No. UM 1822. Include this cover sheet with each filing to indicate which documents are included. Please fill in all relevant items of information on the cover sheet.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to puc.filingcenter@state.or.us. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Please send hard copy documents to the Filing Center via US mail using the following post office box address:

Public Utility Commission of Oregon
Attn: Filing Center
PO Box 1088
Salem, OR 97308-1088

If you send hard copy documents via means other than the US Postal Service, use the following address:

Public Utility Commission of Oregon
Attn: Filing Center
201 High Street SE, Suite 100
Salem, OR 97301

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.

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>Molalla Telephone Company</u>			
Signature of authorized officer 			Date <u>6-7-17</u>
Printed name of authorized officer <u>Terry D Simms</u>			
Title or position of authorized officer <u>VP/CFO</u>			
Telephone number of authorized officer: <u>(503) 829-1122</u> ext.			
Study Area Code of Reporting Carrier	<u>532383</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				Molalla Telephone Company	
Signature of authorized officer					
Printed name of authorized officer			Terry D Simms		
Title or position of authorized officer			VP/CFO		
Telephone number of authorized officer: (503) 829-1122, ext.					
Study Area Code of Reporting Carrier		532383	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017	

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	532383
2	Carrier Study Area Name	alpha characters	MOLALLA TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002624
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	Simms, Terry D
6	Contact Telephone Number (include area code)	9 numeric digits	503-829-1122
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

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