

Annual Recertification Reports for ETCs in Oregon

Report Formats to Satisfy Requirements of Order No. 06-292 for 2006

Report #1 Supported Services Offerings

- 1.1. Basic Local Usage Service Offerings – *All ETCs*
- 1.2. Comparable Local Usage Plan – *CETCs only*
- 1.3. Supported Services No Provided – *CETCs only*
- 1.4. Equal Access Acknowledgement – *CETCs only*

Report #2 Unfulfilled Service Requests

- 2.1. Unfulfilled Service Requests/Held Orders – *All ETCs*
- 2.2. Service Request Processing – *CETCs only*

Report #3 Evidence of Advertising for Basic Supported Services - *All ETCs*

Report #4 Low-income Services – *All ETCs*

- 4.1. Number of Lifeline Customers
- 4.2. Advertising of Low-income Program Service Offerings

Report #5 Outage Report – *All ETCs*

Report #6 Trouble Report – *All ETCs*

Report #7 Network Improvement Plan – *CETCs that receive high-cost and access-related support*

Report #8 Special Commitments/Requirements – *CETCs only*

Report #9 Certifications – *All ETCs*

- 9.1. IAS or ICLS Certification Copy – *All ETCs Receiving IAS/ICLS*
- 9.2. Certification of Use of Universal Service Funds – *All ETCs Receiving Traditional High-Cost Support*
- 9.3. Certification of Emergency Functionality and Compliance with Service Quality/Consumer Protection Measures – *All ETCs*

Report #1 – Supported Services Offerings

1.1. Basic Local Usage Service Offerings – All ETCs

Choose either A. or B. below, as applicable:

- A. ___ Basic local usage service offerings are filed under tariff with the Oregon PUC. The specific tariff references (with *company name, tariff number, section and page numbers*) for the basic local usage offerings and corresponding rates are:
1. residence: ___Residence service \$14.35; EAS \$14.35; ___per decision 98-333_____
 2. business: _____Business service \$19.00; EAS \$18.90 per decision 98-333.
- B. ___ Basic local usage service offerings are **not** filed under tariff with the Oregon PUC. Submit the following information for each basic service offering that includes local usage allowances (unlimited or limited): 1) plan’s name, 2) advertised public description, 3) number of local minutes included, 4) calling area included, and 5) rates and charges. Include basic offerings for both residence and business services.

1.2. Comparable Local Usage Plan – CETCs only

The carrier certifies that it offers at least one basic local usage plan that is comparable to those offered by the ILECs in its designated service area: yes ___ no ___

Identify which of the plans in 1.1.B above are “comparable” to the ILEC local usage offerings, and explain the basis for the comparability. _____

1.3. Supported Services Not Provided – CETCs only

Identify any supported services that were not available at designation, but were to be provided as a condition of ETC designation (e.g., toll restriction for qualifying low-income consumers, E911): _____

Are these services provided currently? yes ___ no ___

If no, explain why not: _____

1.4. Equal Access Acknowledgement – CETCs only

The carrier acknowledges that it may be required to provide equal access if it is the only remaining ETC in an area: yes ___ no _____

Report #2 – Unfulfilled Service Requests

2.1. Unfulfilled Service Requests/Held Orders – All ETCs

Choose either A. or B. below, as applicable:

- A. ___ Service quality reports for “primary held orders over 30 days” were filed with the Oregon PUC for calendar year 2005. No additional submission is required for recertification purposes.
- B. X Service quality reports for “primary held orders over 30 days” were **not** filed with the Oregon PUC for calendar year 2005. In this case, choose **one** of the following alternatives for reporting:
1. X The number of customer requests for supported services that were not fulfilled during calendar year 2005: 0.
If greater than zero, include an attachment noting for each such request, the location (address) of the request and a description of attempts to provide service.
 2. X The number of “primary held orders over 30 days” (as defined in Section 860-034-0390 of the Oregon Commission rules) for calendar year 2005: 0.
If greater than zero, include attachment noting for each such held order, the reason the order was held and the original commitment date.

2.2. Service Request Processing - CETCs only

Submit a description of how the carrier ensures that every request for service that cannot be immediately fulfilled is recorded and processed under the 6-step process set forth in 47 CFR Section 54.202(a)(1)(i).

Report #3 – Evidence of Advertising for Basic Supported Services (excluding low-income/lifeline) – All ETCs

Describe how basic supported services were advertised during calendar year 2005 throughout the designated service area. List the types of media used, advertising frequencies and geographic coverage. Attach examples of actual advertisements, noting dates, specific distribution methods, and target geographical populations, sufficient to demonstrate that basic supported services and rates were advertised **throughout** the designated service area in 2005.

Notices were placed in the local newspaper servicing the area (The Argus Observer). Please see attached copy and affidavit of publication. In addition, Midvale has launched a website with a section devoted to Lifeline offerings.

Report #4 – Low-income Services – All ETCs

4.1. Number of Lifeline Customers

The total number of customers receiving lifeline discounts during the month of December 2005 in the designated service area: 2 .

CETCs only: also list counts by ILEC service area:

<u>ILEC Svc Area</u>	<u>No. of Lifeline customers</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.2. Advertising of Low-Income Program Service Offerings

Submit copies of all advertisements (for all media) for Lifeline, LinkUp, and OTAP service offerings that were run during calendar year 2005, noting media (newspaper name, radio station, bill inserts, internet postings, etc.), run/distribution dates, and geographic coverage area.

See attached. The Argus Observer is the only newspaper that serves the Malheur County region. There are no radio stations that provide service to the area. Information is also available on our website (midvaletelephone.com).

Report #5 – Outage Report – All ETCs

Choose either A. or B. below, as applicable:

A. The number of service outages, as defined in Oregon PUC Rules at Sections 860-034-0390(9) for small telecom utilities, 860-023-0055(9) for large telecom utilities, and 860-032-0012(9) for competitive telecom providers, that occurred during calendar year 2005: 0.

If the number was greater than zero, attach a report that lists for each such outage the following: the date and time of onset, a brief description of the outage and its resolution, the particular services affected, the geographic areas affected, steps taken to prevent a similar future occurrence, and the number of customers affected.

B. The number of service outages, as defined in FCC rules at 47 CFR Section 54.209(a)(2), that occurred during calendar year 2005: _____.

If the number was greater than zero, attach a report that lists for each such outage the following: the date and time of onset, a brief description of the outage and its resolution, the particular services affected, the geographic areas affected, steps taken to prevent a similar future occurrence, and the number of customers affected.

Please note that providing the data for 2005 is partial. We are making appropriate changes in our tracking and record-keeping to provide more reliable data going forward.

Report #6 – Trouble Report – All ETCs

Choose either A. or B. below, as appropriate:

A. ____ Trouble reports were filed with the Oregon PUC for calendar year 2005 per Oregon PUC service quality rules. No additional submission is required for recertification purposes.

B. X Trouble reports were **not** filed with the Oregon PUC during calendar year 2005. In this case, choose **one** of the following alternatives for reporting:

1. ____ The number of customer trouble reports received per 100 wireless handsets for supported services during calendar year 2005, for each company switch.

<u>Trouble Type</u>	<u>Switch A (location)</u>	<u>Switch B (location)</u>
No service	_____	_____
Network busy	_____	_____
Interruption of service	_____	_____
Poor reception	_____	_____

2. X The number of customer trouble reports, as defined in Section 860-034-0390 (5) of the Oregon PUC rules, received during calendar year 2005: 25 per 100 working access lines.

Report #7 – Network Improvement Plan – CETCs Only

The following detailed information must be included in each network improvement plan. Only CETCs must file these plans for recertification purposes. CETCs that receive *only* low-income program support (no high-cost or access-related support), do not have to file network improvement plans. CETCs are strongly encouraged to use the format laid out in the attached Excel worksheets to provide information required in the outline below (taken from the UM 1217 order), rather than use some other format developed by the CETC.

7.1. Demonstration of use of support funds (other than low-income funds) received during 2005, including:

- 7.3.1.1. The amount of support funds, by type, received during the year.
- 7.3.1.2. Year-end counts of eligible lines/handsets in service for each ILEC service area as they were reported to USAC for the past December.
- 7.3.1.2. Identification of each project for which the support was used, the actual support expenditures (by amount and type) for each project, and status of project (completed or still in progress).
- 7.3.1.3. The resulting benefits to consumers (qualitative and quantitative) from each project and updates to coverage and signal strength maps.
- 7.3.1.4. Explanation of how and why actual spending of support funds differed from spending proposed in the previous network improvement plan.

7.3.2. Updates to network improvement plan for the current calendar year and the following year:

- 7.3.2.1. Forecast of support amount, by type (LSS, HCL, ICLS, IAS), that the applicant expects to receive during each of the next 2 years, as well as an explanation of how the forecast was derived.
- 7.3.2.2. Detailed information for each project that will use support funds:
 - 7.3.2.2.1. Description and purpose of the project, its physical location and the ILEC serving that area.
 - 7.3.2.2.2. The start date and completion data (by quarter).
 - 7.3.2.2.3. Amount of support money allocated to the project, in total and broken down by investment and expense types.
 - 7.3.2.2.4. The amount of company's own funds that will be used for each supported project.
 - 7.3.2.2.5. Brief explanation of why the carrier would not make these improvements without the availability of support funding.
 - 7.3.2.2.6. Quantification of resulting service improvements by type (increased coverage, signal strength, capacity, etc.), population benefited, and geographic area benefited (shown on map).

Report #8 – Special Commitments/Requirements – CETCs only

Did the Oregon PUC impose any special commitments or requirements at initial designation or during the previous annual recertification process? yes ____ no __

If yes, identify the commitments or requirements and explain if, and how, they have been met.

Report #9 – Certifications - All ETCs

9.1. IAS or ICLS Certification Copy – All ETCs Receiving IAS/ICLS

All ETCs receiving interstate access-related support (IAS or ICLS) must submit a copy of the certification for the use of IAS or ICLS support that was sent to USAC and the FCC in June 2006.

9.2. Certification of Use of Universal Service Funds – All ETCs receiving HCL/LSS (Rural ILECs and CETCs Designated in Rural ILEC Areas)

To continue receiving traditional high cost support (HCL, LSS), ETCs must submit a notarized affidavit signed by a responsible company official certifying that the carrier will use the high cost support funds only for the intended purposes. Use of the sample affidavit form displayed on the following page is recommended.

9.3. Certification of Emergency Functionality and Compliance with Service Quality and Consumer Protection Measures – All ETCs

Each ETC must submit a notarized affidavit signed by a responsible company official certifying that the carrier: 1) is able to remain functional in an emergency, and 2) is complying with all service quality and consumer protection measures in either the applicable Oregon Commission rules (for wireline carriers), the CTIA Consumer Code (for wireless carriers), or some other specific set of standards. All ETCs must submit this affidavit. A copy of an acceptable affidavit form follows the affidavit for high cost support.

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Lane R. Williams, being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of Midvale Telephone Exchange, Inc. (“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 rules of the Federal Communications Commission, 47 C.F.R. § 54.314, there must be annual certification that funds received under the federal Universal Service Fund programs will be used only for the provision, maintenance and upgrading of facilities and services for which the support is intended. The Company hereby certifies to the Public Utility Commission of Oregon that pursuant to 47 C.F.R. § 54.7, and for purposes of the certification required under 47 C.F.R. § 54.314, the company will use all federal high-cost support provided to it only for the provision, maintenance and upgrading of facilities and services for which the support is intended, consistent with the principles of universal service set forth in 47 U.S.C. 254. This includes, but is not limited to, trying to meet the goal of the provision of services that are properly supported by the high-cost funds at rates that are reasonably comparable to rates charged for similar services in urban areas.

DATED this _____ day of _____, 2006.

_____ (Company)

By: _____ (Name)

Its: _____ (Title)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 2006.

Notary public in and for the State of Oregon

My Commission Expires: _____

AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES

I, Lane R. Williams , being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of Midvale Telephone Exchange, Inc. (“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.

The Company hereby certifies to the Public Utility Commission of Oregon, pursuant to the requirements of Commission Order No. 06-292, that it:

- 1) is able to remain functional in emergencies, and,
- 2) complies with service quality and consumer protection measures in (check one):

applicable Oregon Commission rules, or
 the CTIA Consumer Code for Wireless Carriers, or
 other (describe and explain conformance with requirements of Order No. 06-292): _____

DATED this _____ day of _____, 2006.

_____ (Company)

By: _____ (Name)

Its: _____ (Title)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2006.

Notary public in and for the State of Oregon

My Commission Expires: _____