

Annual Recertification Reports for ETCs in Oregon

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

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- 1.2. Comparable Local Usage Plan – *CETCs only*
- 1.3. Supported Services No Provided – *CETCs only*
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Report #2 Unfulfilled Service Requests

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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:

2. business:

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) Residential Local Service

1) Business Local Service

2) Residential Local Service

2) Business Local Service

3) unlimited

3) unlimited

4) St. Paul exchange

4) St. Paul exchange

5) \$9.00

5) \$9.00

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: _____

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1.4. Equal Access Acknowledgement - CETCs only

The carrier acknowledges that it may be required to provide equal access :
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. 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. 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. 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: .

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).

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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.

Basic supported services were advertised during calendar year 2005 throughout the designated service area in the St. Paul directory distributed to all residences and businesses in the exchange.

Telephone Information

Consumer Information

Principal Service Offering

The rates and charges shown below are in effect as of January 1, 2006, and are subject to change if ordered by the Board of Directors of the St. Paul Cooperative Telephone Association.

Monthly Charges:

One Party Service.....	\$9.00 Per Line
Extended Area Service Flat	\$11.85 Per Line
Extended Area Service Measured.....	\$0.08 Per Minute
Extended Area Service Flat Gervais & Newberg	\$0.40 Per Line
FCC Access Line Charge	\$6.50 Per Month
FCC Multi-Line Charge	\$9.20 Per Month

Features:

Call Waiting	No Charge
Cancel Call Waiting	No Charge
Call Forwarding.....	No Charge
Speed Calling	No Charge
Three Way Calling	\$1.50 Per Month
Do Not Disturb.....	\$0.70 Per Month
Personal Ringing	\$0.70 Per Month
Call Hold.....	\$0.50 Per Month
Warm Line	\$0.50 Per Month
Telephone Jack Install	\$14.00 Per Jack
Number Change.....	\$5.00 Per Time
Exchange of a Rented Telephone	\$5.00 Per Phone
Voice Mail (Basic).....	\$3.50 Per Month
Voice Mail (Enhanced).....	Call Business Office
Internet: Unlimited Hours	\$19.95 Per Month
DSL	Call Business Office

Directory Service:

Additional Listing Monthly Rate	\$0.70 Per Month
Non-Listed: Omitted from the Directory.....	\$0.25 Per Month
Non-Published: Omitted from the Directory and Information Records.....	\$0.25 Per Month

New Service:

Partial Payment of Membership.....	\$20.00
Install of Service	\$20.00
Deposit.....	\$100.00
Co-Sign Agreement: Deposit is then waved.	



continued on next page

North Willamette Valley, Oregon

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: 1 .

ETCs 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.

Enclosed is the letter that was sent to the Woodburn Independent to publish our Life Line information in both English and Spanish. We could not find proof of Publishing. Called the publisher and was told we have to go through their archive papers to find this publication.

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May 19, 2005

Woodburn Independent

RE: Lifeline ~ Link-up

Please publish the enclosed two (2) pages in your paper. They
you could just print one under the other, that would be great.

Please send proof of publishing with your bill.

Thank you!

Ruth Vachter
Office Manger

LIFELINE AND LINK-UP FOR ST PAUL COOPERATIVE TELEPHONE ASSOCIATION CUSTOMERS

Lifeline, also known as Oregon Telephone Assistance Program (OTAP), is a government program that offers qualified people a discount on their monthly local telephone bill. You will save up to \$10 on your basic monthly bill. You're eligible for Lifeline if you participate in any of the following programs: Supplemental Security Income, Stamps, Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income, Welfare Medical ID Card, Oregon Health Plan. And are at or below 135% of the federal poverty guidelines based on annual income and number of household.

Link-up helps households pay the installation charge for telephone service. It will pay 50% of installation charges, up to \$30.00.

Being a Lifeline or Link-up customer does not protect you from being disconnected if you fail to pay your telephone bill.

To receive an application for Lifeline and Link-up Service you may contact the Residential Security Protection Fund (RSPF) Programs at 1-800-848-4442 or 503-373-7171 in Salem; TTY users call 503-648-3458; or write to:

Oregon Public Utility Commission RSPF
550 Capitol St NE, Suite 215
Salem, Or. 97301-2551.

Report #5 -- Outage Report -- All ETCs

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

- A. The number of service outages, as defined in Section 860-034-0350 (9) of the Oregon PUC rules, 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.

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. No additional submission is required for 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 handsets for supported services during calendar year 2005, for each switch.

<u>Trouble Type</u>	<u>Switch A (location)</u>	<u>Switch B</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: _____ per 100 working access lines.

St. Paul is not required to track or report trouble tickets per OAR 864-034-0390. St. Paul commits to track trouble tickets for reporting in 2007.

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).

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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.

FCC Form 507
 Interstate Common Line Support Mechanism
 Line Count Report

FCC Form 507
 OMB Control No. 3060-0972
 Expiration Date: 9/30/2002

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 507 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 507, Line Count Report for Interstate Common Line Support Mechanism, on Behalf of Reporting Carrier			
I certify that <u>The National Exchange Carrier Association, Inc.</u> is authorized to submit the information reported on FCC Form 507 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data provided to the authorized agent; and, to the best of my knowledge, the actual line count data provided to the authorized agent is accurate.			
Name of Authorized Agent <u>The National Exchange Carrier Association, Inc.</u>			
Name of Reporting Carrier <u>St Paul Cooperative Telephone Assn</u>			
Signature of authorized officer or employee <i>Nickel Schneider</i>			Date <u>7/13/06</u>
Printed name of authorized officer or employee <u>Nickel Schneider</u>			
Title or position of authorized officer or employee <u>Manager</u>			
Telephone number of authorized officer or employee: <u>(503) 633-2111</u> ext			
Study Area Code of Reporting Carrier	<u>532396</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/31/2006</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Nick Schneider, being of lawful age and duly sworn, on my oath, state that I am the General Manager [an officer] of St. Paul 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 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 17 day of July, 2006.

St. Paul Cooperative Telephone (Company)

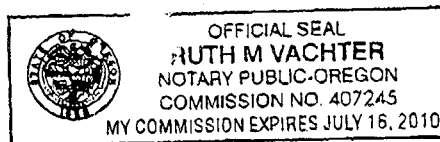
By: Nick Schneider (Name)

Its: General Manager (Title)

SUBSCRIBED AND SWORN to before me this 17 day of July, 2006.

Ruth M Vachter
Notary public in and for the State of Oregon

My Commission Expires: 7/16/2010



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

Schneider, being of lawful age and duly sworn, on my oath,
as the General Manager [an officer] of
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.

I hereby certify to the Public Utility Commission of Oregon, pursuant to
the provisions of Commission Order No. 06-292, that it:

is able to remain functional in emergencies, and,
is in compliance 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
Commission Order No. 06-292): _____

as of the 17 day of July, 2006.

Cooperative Telephone (Company)

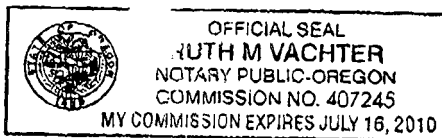
[Signature] (Name)

General Manager (Title)

TESTED AND SWORN to before me this 17 day of July, 2006.

[Signature]
Notary Public in and for the State of Oregon

Commission Expires: 7/16/2010





RECEIVED JUN 26 2006

June 23, 2006

To: Marlene H. Dortch
Office of Secretary
Federal Communications Commission
445- 12th Street, SW
Washington, DC 20554

Re: CC Docket No. 96-45
Interstate Common Line Support- ICLS
Annual Certification Filing

This is to certify that St. Paul Cooperative Telephone Association will use its INTERSTATE COMMON LINE SUPPORT- ICLS only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

I am authorizing to make this certification on behalf of the company named above. This certification is for the study area(s) listed below.

Table with 3 columns: Company Name, State, Study Area Code. Row 1: St. Paul Cooperative Telephone Association, Oregon, 532396.

(If necessary, attach a separate list of additional study areas and check this box.) []

Signed,

Nick Schneider (handwritten signature)

Date: 6/22/06

Nick Schneider
General Manager

Carrier's Name: St. Paul Cooperative Telephone Association
Carrier's Address: PO Box 37 St. Paul, Oregon 97137
Carrier's Telephone Number: 503-633-2111

PAH (handwritten initials)

Date Received
(For official use only)

St. Paul Cooperative Telephone Association

20238 Christie St. / P. O. Box 37 / St. Paul, OR 97137 / 503 633 2111 / 503 633 2111