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	<u>Trouble Report - All ETCs</u>
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 Rece
	Traditional High-Cost Support
	9.3. Certification of Emergency Functionality and Compliance with \$
	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:
		2. business:
6 2	В. <u>Х</u>	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.
		Comparable Local Usage Plan – CETCs only arrier certifies that it offers at least one basic local usage plan that is comparable to
		offered by the ILECs in its designated service area: yes no
		Ty which of the plans in 1.1.B above are "comparable" to the ILEC local usage and explain the basis for the comparability.
	1.3. S	upported Services Not Provided – CETCs only
	provid incom	fy any supported services that were not available at designation, but were to be ed as a condition of ETC designation (e.g., toll restriction for qualifying low-e consumers, E911):
	Are th If no,	ese services provided currently? yes no explain why not:
		qual Access Acknowledgement - CETCs only
	The ca	urtier acknowledges that it may be required to provide equal access if it is the only ning ETC in an area: yes no
₹£	We have	e unlimited local calling in Helix & Meacham exchange.

Helix Telephone Company 200 Concord PO Box 326 Helix, Or 97835 541-457-2385

Office hours: 8am to 12pm Monday, Wednesday, Friday

8am to 5pm Tuesday and Thursday

PHONE SERVICE

Residence Basic	\$22.13 plus tax & OUS Surcharge
Zone 1 Basic (over 2 mi from CO)	\$24.13 plus tax & Surcharge
Zone 2 Basic (over 6 mi from CO)	\$26.13 plus tax & Surcharge
Business Basic	\$27.63 plus tax & Surcharge
Zone 1 Business Basic	\$29.63 plus tax & Surcharge
Zone 2 Business Basic	\$31.63 plus tax & Surcharge

CALLING FEATURES

Caller ID	\$5,00
Auto Caliback	\$1.00
Calling Number Delivery Block	\$1.00
Last Number Re-Dial	\$1.00
Call Forward	\$1.00
Call Waiting	\$1.00
Distinctive Ring	\$1.50

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.
 - 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:
 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.

Advertisement is displayed in post office.

Advertisement

HELIX TELEPHONE COMPANY

Helix Telephone Company is a quality telecommunications services provider who provides basic and enhanced services at reasonable rates within its service territory. Basic services are offered at the following rates:

Monthly Charge

Services Offered	<u>Residence</u>	<u>Business</u>							
Single-Party	\$13.80	\$16.60							
Federal Subscriber Line Char	rge single line \$6.50								
Federal Subscriber Line Char	rge Business multi-line	\$9.20							
Directory Assistance no additional charge by Helix Telephone Company									
Touch Tone Service	\$1.00	\$1.00							
Toll Blocking Availa	ble at no charge for low-incom	e customers that qualify.							
Emergency 911 Services Surcharges for 911 services are assessed according government assessments.									

Low-income individuals eligible for Lifeline and Link-Up telephone assistance programs may be eligible for discounts from these basic local service charges through state specified telephone assistance plans.

Basic services are offered to all consumers in the Helix Telephone Company Service territories at the rates, terms and conditions specified in the Company's tariffs. If you have any questions regarding the Company's services, please call us at 541-457-2385, or visit our business office at 200 Concord, Helix, Oregon for further information regarding our services.

Deport #4	Low-income	Saminae -	_ All ETCo
KCDOM #4 -	LOW-INCOME	TO CI ATPES .	

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: CETCs only: also list counts by ILEC service area: ILEC Svc Area No. of Lifeline customers

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.

Billing inserts for all customer in exchange 457 & 983

Financial assistance for telephone services is available to qualified low-income persons through the Oregon Telephone Assistance Program (OTAP) operated by the Public Utility Commission. For information, contact OTAP at 1-800-848-4442.

The Oregon Telephone Assistance Program (OTAP) helps you with your phone bill. The maximum reduction from your phone bill is currently \$13.50. You may get the basic rate of your phone bill reduced if you are getting one of the benefits listed below:

- Food Stamps
- Supplemental Security Income (SSI)
- Certain types of Medical Assistance from the Department of Human Services (DHS). Your worker can tell you what Medical Benefit you receive.
- Temporary Assistance to Needy Families (TANF)

OTAP benefits start on the date the Public Utility Commission (PUC) receives your submitted application. The person receiving the benefits must have their name on the phone bill. It will take about 30-90 days from that date for the discount to show on the phone bill. Your OTAP benefits will stop if you no longer get one of the above benefits. Please let PUC know whenever you change your address or phone number.

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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: 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.

PAGE

Report #6 - Trouble Report - All ETCs

Oregon I	Trouble reports were filed with PUC service quality rules. No a ation purposes.	-	
	Trouble reports were not filed se, choose one of the following		ng calendar year 2005.
	1 The number of custom handsets for supported service switch.		
	Trouble Type No service Network busy Interruption of service Poor reception	Switch A (location)	Switch B (location)
	2. <u>x</u> The number of custor Section 860-034-0390 (5) of the year 2005: ** per 100 wor	ne Oregon PUC rules, recei	

^{*} See Report

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NAHE		#45726990 CHRIS WILLIAMS	TYGH & SABA CANPB	6K.dD	GERALD TERJESON S	TASTALLED	MILERAH MILEIRMS	COSTANCE CONPUTER PROBLEM	AFL PAUE & WAY EAVIS THINKS COMPUTER 3S PROBLEM	ESI YANSYÇLE PART	ESI YANSYCLE PART		ESI VANSYCLE PART	SCOTT & JULIE HAR	EVERYTHING FINE, ROUFER PACS.	JIM NELLTAMS	AS DK HCH	JEFF NEWTSON	TONY REPAIRED THE PROBLEM	MATT & CINDY MCCD	JONY FIXED PROBLÉM	JEFF AILSON	TONY CORRECTED PROB	M SCHROEDER	TOLD HER HOW TO DELETE EMAJES	WIELLAN WILLIAMS	NDE TIES	GREGORY PHILLIPS	ATTACHED BOX TO POST		_	KIM PRILLIPS SETTINGS				
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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.

/27/2006 16:01 5414572111 HELIXTELEPHONE PAGE 17

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.

LOCAL SWITCHING SUPPORT INSTRUCTIONS FOR 2005 SUPPORT CALCULATION

VII. CERTIFICATION FORM

THIS CERTIFICATION STATEMENT MUST BE SIGNED BY THE OFFICER OR EMPLOYEE RESPONSIBLE FOR THE OVERALL PREPARATION OF THE DATA SUBMISSION. (REF. PART 54 OF FCC RULES, 47 C.F.R. SECTION 54.707).

THE COMPLETED CERTIFICATION STATEMENT MUST ACCOMPANY THE DATA SUBMISSION.

CERTIFICATION

IAM _ James A Smith (TITLE OF CERTIFYING OFFICER OR EMPLOY)	I HEREBY CERTIFY THAT I HAVE
	PREPERATION OF ALL DATA IN THE ATTACHED
2005 LSS True-Up DATA SUBMISSI	ON FOR Helix Telephone Company (NAME OF CARRIER)
AND THAT I AM AUTHORIZED TO EX	ECUTE THIS CERTIFICATION. BASED ON INFORMATION
KNOWN TO ME OR PROVIDED TO ME	BY EMPLOYEES RESPONSIBLE FOR THE PREPARATION
OF THE DATA IN THIS SUBMISSION, I	HEREBY CERTIFY THAT THE DATA HAVE BEEN
EXAMINED AND REVIEWED AND AR	E COMPLETE, ACCURATE, AND CONSISTENT WITH THE
RULES OF THE FEDERAL COMMUNIC	ATIONS COMMISSION.
DATE:	5/18/06
CERTIFYING SIGNITURE:	James Wilmith
NAME:	James A Smith
TITLE	President
PERIOD COVERED:	JANUARY 1, 2005 TO DECEMBER 31, 2005
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PERSUANT TO FCC RULES, SECTION 69.601(C), EXCHANGE CARRIERS ARE REQUIRED TO CERTIFY UNIVERSAL SERVICE FUND DATA SUBMISSION TO NECA.

(FCC RULES STATE THAT PERSONS MAKING WILLFUL FALSE STATEMENTS IN THIS DATA SUBMISSION CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER THE PROVISIONS OF THE U.S. CODE, TITLE 18, SECTION 1001).

NOTE: FOR CERTIFICATION OF MULTIPLE STUDY AREAS, COMPLETE INFORMATION ON THE REVERSE SIDE IF THIS PAGE.

NATIONAL EXCHANGE CARRIER ASSOCIATION UNIVERSAL SERVICE FUND 2006 DATA COLLECTION - CERTIFICATION FORM

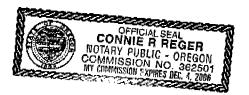
IAM <u>James A Smith</u>	I HEREBY CER	RTIFY THAT I HAVE OVERALL
(TITLE OF CERTIFYING OFFICER OR EM	(PLOYEE)	
RESPONSIBILITY FOR THE PREPARATION OF	F ALL DATA IN THE ATT	TACHED
2006-1 DATA S	URMISSION FOR Heli	ix Telephone Company
(TITLE OF DATA SUBMISSION)	(NAMI	E OF CARRIER)
·		
AND THAT I AM AUTHORIZED TO EXECUTE		
TO ME OR PROVIDED TO ME BY EMPLOYE		
THIS SUBMISSION, I HEREBY CERTIFY THA	T THE DATA HAVE BE	EN EXAMINED AND REVIEWED AND
ARE COMPLETE, ACCURATE, AND CONSIST	ENT WITH THE RULES (OF THE FEDERAL COMMUNICATIONS
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COMMISSION		
5/1	8/06	
DATE:	17 1 - A	
CERTIFYING SIGNATURE:		
NAME: Jame	s A Smith	19 - 19 - 111
TITLE: Pres	ident	
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PERIOD COVERED:	V	
RURAL STATUS: The rural status of this compar	ny during calendar year 200	6 will be: (Check One)
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X RURAL	M. IIII. AND	NON-RURAL
ACQUISITION CERTIFICATION (Check One))	
MANUAL TO THE CONTRACT OF THE		WINDS AND
MY COMPANY HAS NOT ACQUIRE	D AN EXCHANGE DURI	NG THE PERIOD COVERED.
MY COMPANY HAS ACQUIRED TH	E FOLLOWING EXCHAN	GE(S) DURING THE PERIOD COVERED
Exchange Name	Selling Company	No. Of Loops

PURSUANT TO FCC RULES, SECTION 69.601(C), EXCHANGE CARRIERS ARE REQUIRED TO CERTIFY UNIVERSAL SERVICE FUND DATA SUBMITTED TO NECA.

(FCC RULES STATE THAT PERSONS MAKING WILLFUL FALSE STATEMENTS IN THIS DATA SUBMISSION CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER THE PROVISIONS OF THE U.S CODE, TITLE 18 SECTION 1001).

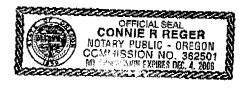
AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I,
Helix Telephone Company ("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 27th day of June, 2006.
Helix Telephone Company (Company)
By: James almith. (Name)
Its: President (Title)
SUBSCRIBED AND SWORN to before me this 27 thay of June, 2006. Notary public in and for the State of Oregon
My Commission Expires: 12/4/οω



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

I, James A. Smith being of lawful age and duly sworn, on my o	ath
state that I am the President [an officer] of Helix Telephone Company ("Company") and that I am authorized to	- Lane 1-2
"Company") and that I am authorized to	
execute this Affidavit on behalf of the Company, and the facts set forth in this Affidare true to the best of my knowledge, information and belief.	lavit
The Company hereby certifies to the Public Utility Commission of Oregon, pursuant the requirements of Commission Order No. 06-292, that it:	t to
1) is able to remain functional in emergencies, and,	
2) compiles with service quality and consumer protection measures in	
(check offs):	
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 27th day of June, 2006.	
, 2000.	
Heliv Tolophana C	
Helix Telephone Company (Company)	
By James a hours (Name)	
— · · ·	
Its: President (Title)	
, ,	
SUBSCRIBED AND SWORN to before me this 27+Hday of, 2006.	
Lobonia IX IX no no	
Notary public in and for the State of Oregon	
My Commission Expires: 12/4/06	
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USAC

<u>Interstate Common Line Support (ICLS)</u> 2006 - 2007

	6/13/06		
To:	Marlene H. Dortch		
	Office of Secretary		
	Federal Communications Commission		
	445 - 12th Street, SW		
	Washington, DC 20554		
	Karen Majcher		
	Vice President - High Cost and Low Income I	Division	
	Universal Service Administrative Company		
	2000 L Street, NW, Suite 200		
	Washington, DC 20036		
Re:	CC Docket No. 96-45		
	Interstate Common Line Support - Annual Certification Filing	ICLS	
	certify that Helix Telephone C	ошпапу	
	cormy that		n maintananca
	is INTERSTATE COMMON LINE SUPPORT - I ading of facilities and services for which the sup		n, maintenance
and upgi	ading of facilities and services for which the sup	port la intornaca.	
Lam auti	norized to make this certification on behalf of the	company named above	. This certification is for the
	ea(s) listed below. (Please enter your Compan		
addy are	a(3) listed below. (i rease criter your compan	y men, out and an	<i>ay</i> / 11 <i>a a a a a a a a a a</i>
		ICLS	
	Company Name Helix Telephone Company	State	Study Area Code
	Helix Telephone Company	OR	532376
	(If necessary, attach a separate lis	st of additional study are	as and check this box.)
Signed	(If necessary, attach a separate lis	st of additional study are	as and check this box.)
Signed,	(If necessary, attach a separate list	•	as and check this box.)
Signed,	(If necessary, attach a separate lise	st of additional study are Date: 6/13/06	as and check this box.)
Tan	(If necessary, attach a separate list	6/12/06	as and check this box.)
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(Signatur James	e of Authorized Representative]	6/12/06	as and check this box.)
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[Signatur James	e of Authorized Representative] s A Smith Name of Authorized Representative]	6/12/06	as and check this box.)
[Signatur James	e of Authorized Representative] S A Smith Name of Authorized Representative] President	6/12/06	as and check this box.)
[Signatur James	e of Authorized Representative] s A Smith Name of Authorized Representative] President Authorized Representative]	6/12/06	
[Signatur Jame: [Printed N	e of Authorized Representative] s A Smith Name of Authorized Representative] President Authorized Representative]	6/12/06	Date Received (For official use only)
[Signatur James [Printed N [Title of A Carrier's Carrier's	e of Authorized Representative] s A Smith Name of Authorized Representative] President Authorized Representative] Name:	6/12/06	Date Received