Report #1 - Supported Services Offerings

1.1. Basic Local Usage Service Offerings - All ETCs

AX_ 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: North-State Telephone Co. Section III 8 th Revised Sheet 302
2. business: North-State Telephone Co. Section III 6 th Revised Sheet 300
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 X	Oregon P	quality reports for "primary held orders over 30 days" were filed with the UC for calendar year 2005. No additional submission is required for ation purposes.
В	the Orego	cality reports for "primary held orders over 30 days" were not filed with on PUC for calendar year 2005. In this case, choose one of the following es for reporting:
	1	The number of customer requests for supported services that were not fulfilled during calendar year 2005: 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).

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 are advertised either through newspaper advertising, directory advertising or website links. Newspaper advertising is targeted at the entire county which advertises local rates. Directories are mailed to all postal customers within the county as well. Our directory also lists rates applicable to local services and custom calling features. The website address is www.ortelco.net and this provides many different types of information. We have also included information regarding EAS as a billing insert to inform customers of their options for this

Report #4 - Low-income Services - All ETCs

4.1. Number of Lifeline Customers

	•
customers receiving 1 ne designated service	ifeline discounts during the month of area:10
CETCs only: also l	ist counts by ILEC service area:
ILEC Svc Area	No. of Lifeline customers
	<u> </u>
	
	<u></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.

Attached is the newspaper advertising which ran in The Dalles Chronicle which advertises the Lifeline and Link-Up programs. The website also includes a link to the Lifeline and Link-Up programs.

Report #5 - Outage Report - All ETCs

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

AX_	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.
В	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 app	propriate:
--------------------------------------	------------

Oregon I	Trouble reports were filed with PUC service quality rules. No add cation purposes.	-	
B In this ca	Trouble reports were not filed wase, choose one of the following al	_	ng calendar year 2005.
	1 The number of custome handsets for supported services switch.	er trouble reports received during calendar year 2009	•
	Trouble Type No service Network busy Interruption of service Poor reception	Switch A (location)	Switch B (location)
		•	ned in ved during calendar may be a see a

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 requirer	nents	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.

telecommunications services provider that provides basic and enthanced service at reasonable rates within its service territory Basic services are offered at the following North-State Telephone Co. is a quali

ness Service, \$17.40; Federal Subscriber Service harge, \$12.45; Single Party Busi-Single party Residence Service, Monthly Line Charge — Single Line, \$6.50.

Touch Tone Service: Touch Tone service Toll Blocking: Available at no charge; Emergency 911 Services: Surcharges for is provided as part of local service rate.

911 service are assessed according to government policy.

for Federal and State Lifeline and Link-Up Low-income individuals may be eligible telephone assistance programs that include garding the Company's services, blease call us at (541) 487-2211 or (800) 650-7856, or discounts from the above basic and local service charges. Basic services are offered phone Co. service territories at the rates, pany's lariffs, If you have any questions reto all consumers in the North-State Teleterms and conditions specified in the Comvisit our business office in Dufur.

Affidanit of Publical

STATE OF OREGON, SS County of Wasco , Cecilia Fix, being first duly sworn, depose and say that I am the principal clerk published at Hood River, Oregon, in the aforesaid county and state; that I know from my personal knowledge that the Public Notice, a printed copy of which is of the publisher of The Dalles Chronicle, a newspaper of general circulation hereto annexed, was published in the entire issue of said newspaper for time(s) in the following issues:

lanuary 9, 2006

Subscribed and sworn to before me this 17th day of

The Md- Columbia Directory

AG F Activ Akes Albri Alex 6343 Alle Allso And 240

Anc Ant 788

Fax

Apı

Art

As

As

NORTH-STATE TELEPHONE CO.

NON				
BUSINESS OFFICE 180 NE 2nd Dufur Or		********************	1-800	467-2211 0-650-7856
Or REPAIR SERVICE / UNDERGRO 180 NE 2nd Dufur	1	OCATE.	1-80	. 467-2211 0-650-7856
180 NE 2nd Duidi	********	*******************	- 40	EAS
Or	1 Party Residence	1 Party Business 17.40	EAS Residence 12.45	Business 17.40
MONT	,	(not	include Federal o	or State.

All rates shown are for the Access Line only and do not include Federal or State. mandated charges.

This service is available with two options which are in addition to the basic service EXTENDED AREA SERVICE (EAS) rate (see above).

OPTION 1: Unlimited calling to The Dalles for a flat monthly rate.

OPTION 2: Measured calling to The Dalles at \$.08 per minute.

UF	11011 -	\$1.50
-NLIANG	CED CALLING FEATURES	\$1.50
EMEN	Call Forwarding	
	CED CALLING FEATURES Call Forwarding Call Waiting Three-Way Calling Speed Calling (capacity 8 numbers)	\$1.50
	Three-Way Callingby 8 numbers)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	Speed Calling (capacity of factor	\$2.50
	Three-way Calling (capacity 8 numbers) Speed Calling (capacity 8 numbers) OR Any of the two above	\$5.95
	All four of the above	***************************************
	Caller ID	

Residential phones are installed for normal domestic use. Regardless of the APPLICATION OF BUSINESS RATES type of premises on which the telephone was installed, residential service will be changed to business service if the telephone is used primarily for business or is advertised for business purposes.

CHARGES TO ESTABLISH OR CHANGE SERVICE Service Order Line Connection	\$11.75 \$8.00 \$13.00
Service Order Line Connection Supercedure Premise Visit: Minimun Charge - first 15 minutes Additional time - each additional 15 minutes or fraction thereof.	- lobor rate

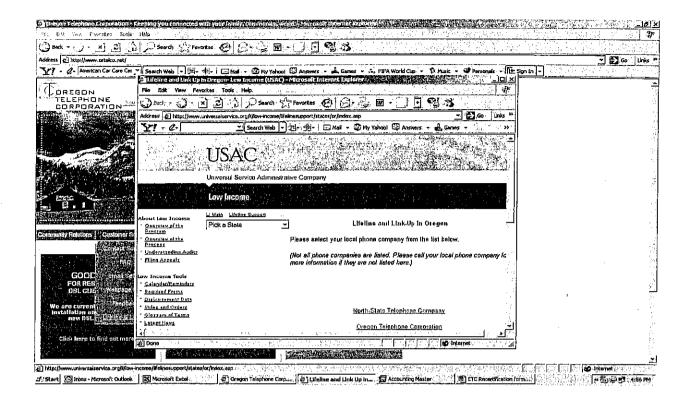
PAYMENT OF ACCOUNT

For your convenience, a return envelope is included with each monthly statement. If a return envelope is not available please address your payment to: North-State Telephone Co.

P.O. Box 609

Mt. Vernon, OR 97865

An envelope depository is located beside the front door of the business office for those customers wishing to leave their payments at the office.



NORTH-STATE TELEPHONE CO. 180 NE 2ND ST DUFUR OR 97021

For Billing Inquiries, call 1-800-650~7856

Account Number: Account Name:

Bill Date: Due Date:

February 1, 2006

BY THE 15TH

Customers in Dufur have the option of paying a FLAT rate of \$12.45 for residence lines, \$17.40 for business lines for unlimited calls to The Dalles. If you do not make many calls to The Dalles, a MEASURED rate of \$.08 per minute is available. If your calling patterns change or you plan to go with an internet provider in The Dalles, please check your current statement to be sure you are on the FLAT rate. It is your responsibility to make sure you are on the EAS plan that best suits your needs.

Lest Month

Balance from last statement

Payment Received 01/09/2006

This Month Telephone Charges

Internet Charges

Taxes, Surcharges and Fees

Thank You

Balance

0.00

?PQ?

Current Charges

Total Amount Due

*** DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ***

0223-467

NORTH-STATE TELEPHONE CO. PO BOX 609 MOUNT VERNON OR 97865

ADDRESS SERVICE REQUESTED

FOR CHANGE OF ADDRESS: Please check here and complete form on reverse. Thank you.

Account Number:

Bill Date:

February 1, 2006

The state of the s

Due Date:

BY THE 15TH

Phone Number:

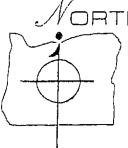
Remit To:

nit To: This is to the that the department of the telephone CO the local to the telephone CO. PO BOX 609

MOUNT VERNON OR 97865-0609

Balance Due - Please Remit: Amount

Enclosed:



Carrier's Name:

Carrier's Address:

Carrier's Telephone Number:

North-State Telephone Co.

PO BOX 609 Mt Vernon, OR 97865

541-932-4411

NORTH-STATE TELEPHONE CO.

One Telephone Drive P. Q. Box 609 Mt. Vernon, Oregon 97865 [541] 932-4411

Interstate Common Line Support (ICLS) 2006 - 2007

Date	20-Jun-06			inin	_
То:	Marlene H. Dortch Office of Secretary Federal Communications Commission 445 - 12th Street, SW Washington, DC 20554			ICLS	•
	Karen Majcher Vice President - High Cost and Low In Universal Service Administrative Comp 2000 L Street, NW, Suite 200 Washington, DC 20036				
Re:	CC Docket No. 96-45 Interstate Common Line Supp Annual Certification Filing	ort - ICLS			
and upg am aut	its INTERSTATE COMMON LINE SUPPO rading of facilities and services for which the horized to make this certification on behalf ea(s) listed below. (Please enter your Co	he support is inten	amed above.	This certification is for the	
	Company Name		ate	Chuchi Anna Carlo	
	North-State Telephone Co.	Oregon	ate	Study Area Code 532388	
				002000	
					_
Signed,	(If necessary, attach a sepa	rate list of addition	nal study areas	and check this box.)]
elinda l Printed l	Kluser Name of Authorized Representative]				
ice-Pre:	s, Finance/Controller				
	authorized Representative			•	

Date Received (For official use only)

USAC

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 [an officer] of North-State Telephone Co. ("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 this12 day ofJuly, 2006.
North-State Telephone Co. (Company) By:
Its: Vice-President, Manager (Title)
SUBSCRIBED AND SWORN to before me this 12th day of July, 2006.
Notary public in and for the State of Oregon OFFICIAL SEAL LESLIE LINDLEY
My Commission Expires: July 31, 2007 My Commission Expires: July 31, 2007 My Commission Expires July 31, 2007

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

I, Delinda Kluser, being of lawful age and duly sworn, on my oath, state that I am the Vice-President, Manager [an officer] of North-State Telphone Co. ("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:

 is able to remain functional in emergencies, and, complies with service quality and consumer protection measures in (check one): 	
X 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 this12th day of, 2006.	
North-State Telephone Co. (Company)	
By: Dula & WSV (Name)	
Its: Vice-President, Manager (Title) SUBSCRIBED AND SWORN to before me this 12th day of July , 2006.	
Notary public in and for the State of Oregon OFFICIAL SEAL	×9,
My Commission Expires: July 31, 2007 My Commission Expires: July 31, 2007 My Commission Expires: July 31, 2007	10000