

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 5 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:

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

* We have 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 Callback	\$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. 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: 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).

/27/2006 16:01 5414572111

HELIXTELEPHONE

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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.

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:

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

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: 3 .

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.

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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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

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: 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.

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: * per 100 working access lines.

* See Report

Helix Telephone

TROUBLE HISTORY BY TROUBLE CODE

FROM 1/01/05 TO 12/31/05

PAGE 1

TRRPR1

6/27/2006

PHONE #	TRUBLE CODES	DATE TAKEN	TIME TAKEN	DATE	TIME	RESPONSE	CLEARING CODES	TRBL REP BY	TRBL REP	LINE/INSTR	CARRIER REPEATER	CHA MEL	CABLE PAIR	NAME	
457-2828-01	01 CAN'T	01	ALL	TH	2/03/05	10:41	0/00/00	01	CENTRA 2#	TERMIN 01	MANPAD	2/04/05	10:19	00685	002 DISCONNECTED IN CO & DE EST VANSYCLE PART CINSTEWER PHONE ALSO PROBLEM
457-6566-01	01 CAN'T	01	ALL	TH	3/17/05	8:32	0/00/00	01	CENTRA 01	LINE C 12	UNKNOWN	3/17/05	10:06	00691	136 EST VANSYCLE PART
457-6568-01	01 CAN'T	01	ALL	TH	3/18/05	9:37	0/00/00	01	CENTRA 01	LINE C 12	UNKNOWN	3/18/05	10:31	00692	138 EST VANSYCLE PART
983-2355-01	01 CAN'T	01	ALL	TH	6/02/05	10:35	0/00/00	03	CABLE/ 27	INSIDE 09	BETERI	6/03/05	15:24	00706	AFC 1-1 AFC
457-2466-01	01 CAN'T	01	ALL	TH	6/13/05	10:59	0/00/00	03	CABLE/ 27	INSIDE 09	BETERI	6/24/05	10:07	00707	AFC CD1 RT1 AFC
457-6116-01	01 CAN'T	01	ALL	TH	6/17/05	8:26	0/00/00	04	STATIO 29	PROVIC 01	MANPAD	6/18/05	10:08	00710	AFC RT2 CARD 6
457-2078-01	01 CAN'T	01	ALL	TH	7/13/05	10:43	0/00/00	04	STATIO 01	LINE C 12	UNKNOWN	7/13/05	14:43	00713	AFC CD 8 RT3 AFC
457-2893-01	01 CAN'T	01	ALL	TH	7/22/05	7:33	0/00/00	01	CENTRA 01	LINE C 03	LICHTE	7/22/05	9:47	00717	AFC AFCRSTA
457-2474-01	01 CAN'T	01	ALL	TH	8/04/05	9:45	0/00/00	03	CABLE/ 21	UNDERG 01	MANPAD	8/04/05	13:12	00722	AFC CD5 CABLE CUT AT NEW BRIDGE SFFE
457-2725-01	01 CAN'T	01	ALL	TH	10/14/05	7:57	0/00/00	03	CABLE/ 19	AERIAL 01	MANPAD	10/17/05	10:10	00729	AFC CD 9 RT3 AFC
457-2638-01	01 CAN'T	01	ALL	TH	10/21/05	8:00	0/00/00	01	CENTRA 39	OTHER 12	VANSYCL	10/21/05	8:31	00731	AFC CD 9 AFC
983-2232-01	01 CAN'T	01	ALL	TH	12/21/05	8:10	0/00/00	03	CABLE/ 27	INSIDE 07	ANIMAL	12/21/05	14:28	00739	AFC AFC
983-2465-01	01 CAN'T	01	SOME	T	3/08/05	9:30	0/00/00	03	CABLE/ 27	INSIDE 09	BETERI	4/01/05	16:27	00686	AFC AFC
983-2404-01	01 CAN'T	01	SOME	T	11/21/05	8:39	0/00/00	05	MISCEL 27	INSIDE 12	UNKNOWN	11/21/05	11:10	00735	AFC AFC
983-2233-01	01 CAN'T	01	NONE		11/16/05	8:51	0/00/00	03	CABLE/ 21	UNDERG 11	CUSTOM	11/17/05	8:09	00734	AFC AFC
457-6053-02	01 CAN'T	01	ALL	TH	1/18/05	15:49	0/00/00	05	MISCEL 34	HANDSE 01	MANPAD	1/18/05	16:37	00684	AFC AFC
983-2445-02	01 CAN'T	01	ALL	TH	7/19/05	14:35	0/00/00	01	CENTRA 32	OTHER 01	MANPAD	7/19/05	15:47	00715	AFC AFC
457-2941-02	01 CAN'T	01	SOME	T	4/28/05	10:15	0/00/00	01	CENTRA 32	OTHER 01	MANPAD	4/29/05	9:09	00697	AFC AFC
457-2440-03	01 CAN'T	01	ALL	TH	5/17/05	8:39	0/00/00	05	MISCEL 32	OTHER 12	UNKNOWN	5/17/05	13:18	00700	AFC AFC
983-2461-03	01 CAN'T	01	SOME	T	10/06/03	9:14	0/00/00	05	MISCEL 32	OTHER 12	UNKNOWN	9/26/05	8:57	00660	AFC AFC

159 ALISA PORTLEY
PROBLEM WITH PHONE
035 BARLENE JUSTICE
NEED TO HAVE PIC IN SYSTEM

177 GWENH BARVEY

201 BYRON MITCHELL

161 JIN KUTRON
NUMBER TRANSPOSED IN SWITCH

AFC PAUL & MARY DAVIS

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.

LOCAL SWITCHING SUPPORT
INSTRUCTIONS FOR 2005 SUPPORT CALCULATION

VII. CERTIFICATION FORM

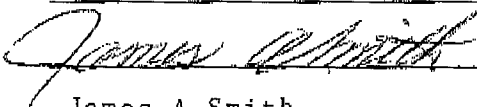
THIS CERTIFICATION STATEMENT MUST BE SIGNED BY THE OFFICER OR EMPLOYEE RESPONSIBLE FOR THE OVERALL PREPARATION OF THE DATA SUBMISSION. (REF. PART 54 OF FCC RULES, 47 C.F.R. SECTION 54.707).

THE COMPLETED CERTIFICATION STATEMENT MUST ACCOMPANY THE DATA SUBMISSION.

CERTIFICATION

I AM - James A Smith I HEREBY CERTIFY THAT I HAVE
(TITLE OF CERTIFYING OFFICER OR EMPLOYEE)
OVERALL RESPONSIBILITY FOR THE PREPERATION OF ALL DATA IN THE ATTACHED

2005 LSS True-Up DATA SUBMISSION FOR Helix Telephone Company
(TITLE OF DATA SUBMISSION) (NAME OF CARRIER)
AND THAT I AM AUTHORIZED TO EXECUTE 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 ARE COMPLETE, ACCURATE, AND CONSISTENT WITH THE RULES OF THE FEDERAL COMMUNICATIONS COMMISSION.

DATE: 5/18/06
CERTIFYING SIGNATURE: 
NAME: James A Smith
TITLE: President
PERIOD COVERED: JANUARY 1, 2005 TO DECEMBER 31, 2005

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

I AM James A Smith. I HEREBY CERTIFY THAT I HAVE OVERALL
(TITLE OF CERTIFYING OFFICER OR EMPLOYEE)

RESPONSIBILITY FOR THE PREPARATION OF ALL DATA IN THE ATTACHED

2006-1 DATA SUBMISSION FOR Helix Telephone Company
(TITLE OF DATA SUBMISSION) (NAME OF CARRIER)

AND THAT I AM AUTHORIZED TO EXECUTE 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 ARE COMPLETE, ACCURATE, AND CONSISTENT WITH THE RULES OF THE FEDERAL COMMUNICATIONS COMMISSION.

DATE: 5/18/06
CERTIFYING SIGNATURE: *James A Smith*
NAME: James A Smith
TITLE: President
PERIOD COVERED: 1/1/05 - 12/31/05

RURAL STATUS: The rural status of this company during calendar year 2006 will be: (Check One)

X RURAL _____ NON-RURAL

ACQUISITION CERTIFICATION (Check One)

<input checked="" type="checkbox"/>	MY COMPANY HAS NOT ACQUIRED AN EXCHANGE DURING THE PERIOD COVERED.	
<input type="checkbox"/>	MY COMPANY HAS ACQUIRED THE FOLLOWING EXCHANGE(S) DURING THE PERIOD COVERED	
	Exchange Name	No. Of Loops
	Selling Company	

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, James A. Smith, being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of 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)

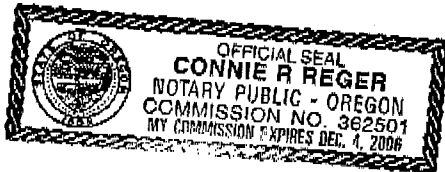
By: James A. Smith (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me this 27th day of June, 2006.

Connie R Reger
Notary public in and for the State of Oregon

My Commission Expires: 12/4/06



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 oath, state that I am the President [an officer] of 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.

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 27th day of June, 2006.

Helix Telephone Company (Company)

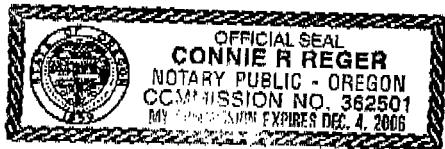
By: James A. Smith (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me this 27th day of June, 2006.

Connie R. Reger
Notary public in and for the State of Oregon

My Commission Expires: 12/4/06



RECEIVED JUN 20 2006

Interstate Common Line Support (ICLS) 2006 - 2007

ICLS

Date 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 Division
Universal Service Administrative Company
2000 L Street, NW, Suite 200
Washington, DC 20036

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

This is to certify that Helix Telephone Company
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 authorized to make this certification on behalf of the company named above. This certification is for the
study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

ICLS

Company Name	State	Study Area Code
Helix Telephone Company	OR	532376

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

Signed,


[Signature of Authorized Representative]

Date: 6/13/06

James A Smith
[Printed Name of Authorized Representative]

President
[Title of Authorized Representative]

Carrier's Name:
Carrier's Address:
Carrier's Telephone Number:



Date Received
(For official use only)