

Annual Recertification Reports for ETCs in Oregon

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

Report #1 Supported Services Offerings

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

Report #2 Unfulfilled Service Requests

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

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

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

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

Report #5 Outage Report – *All ETCs*

Report #6 Trouble Report – *All ETCs*

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

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

Report #9 Certifications – *All ETCs*

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

Report #1 – Supported Services Offerings

1.1. Basic Local Usage Service Offerings – All ETCs

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

- A.  Basic local usage service offerings are filed under tariff with the Oregon PUC. The specific tariff references (with *company name, tariff number, section and page numbers*) for the basic local usage offerings and corresponding rates are:

1. residence: See attached: Report 1, 1.1A, 1&2 (Sheet 1-6)

2. business: Same as above

- B.  Basic local usage service offerings are **not** filed under tariff with the Oregon PUC. Submit the following information for each basic service offering that includes local usage allowances (unlimited or limited): 1) plan's name, 2) advertised public description, 3) number of local minutes included, 4) calling area included, and 5) rates and charges. Include basic offerings for both residence and business services.

1.2. Comparable Local Usage Plan – CETCs only

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

Identify which of the plans in 1.1.B above are "comparable" to the ILEC local usage offerings, and explain the basis for the comparability. \_\_\_\_\_

1.3. Supported Services Not Provided – CETCs only

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

Are these services provided currently? yes \_\_\_\_\_ no \_\_\_\_\_

If no, explain why not: \_\_\_\_\_

1.4. Equal Access Acknowledgement – CETCs only

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

Report #2 – Unfulfilled Service Requests

2.1. Unfulfilled Service Requests/Held Orders – All ETCs

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

A. \_\_\_ Service quality reports for “primary held orders over 30 days” were filed with the Oregon PUC for calendar year 2005. No additional submission is required for recertification purposes.

B. X Service quality reports for “primary held orders over 30 days” were **not** filed with the Oregon PUC for calendar year 2005. In this case, choose **one** of the following alternatives for reporting:

1. X The number of customer requests for supported services that were not fulfilled during calendar year 2005:   0  .  
If greater than zero, include an attachment noting for each such request, the location (address) of the request and a description of attempts to provide service.
2. \_\_\_ 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.

**See Attached: Report 3 (Sheet 1-2)**

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.

**See attached: Report 4.2 (Sheet 1-2)**

Report #5 – Outage Report – All ETCs

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

A. X 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 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: .27 per 100 working access lines.

**See attached: Report 6B2 (One sheet)**

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.

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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.

**Trans-Cascades Telephone Co.**

**BOX 189  
ESTACADA, OREGON 97023  
503-630-4202**

June 9, 2006

Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> St., SW  
Washington, DC 20554

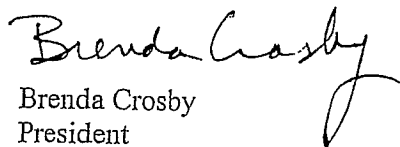
Karen A. Majcher  
Vice President – High Cost & Low Income Division  
Universal Service Administrative Company  
2000 L Street, N.W. Suite 200  
Washington, DC 20036

RE: CC Docket No. 96-45

This is to certify that **TRANS CASCADES TELEPHONE** will use its Interstate Common Line Support – ICLS only for the provision, maintenance, and upgrading of facilities and service for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is provided for all study areas under the common control of the company, and which are listed below.

Signed,



Brenda Crosby  
President  
Trans Cascades Telephone Company  
P.O. Box 189  
Estacada, OR 97023

Date: 6/14/06

Name  
Trans Cascades Telephone

State  
Oregon

Study Area No.  
532378

**Federal Communications Commission**

The FCC Acknowledges Receipt of Comments From ...  
**Trans Cascades Telephone**  
...and Thank You for Your Comments

Your Confirmation Number is: '2006627978853 '	
Date Received:	Jun 27 2006
Docket:	96-45
Number of Files Transmitted: 1	

**DISCLOSURE**

This confirmation verifies that ECFS has received and accepted your filing. However, your filing will be rejected by ECFS if it contains macros, passwords, redlining, read-only formatting, a virus or automated links to source documents that is not included with your filing. Filers are encouraged to retrieve and view their filing within 24 hours of receipt of this confirmation. For any problems contact the Help Desk at 202-418-0193.

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*updated 12/11/03*

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Brenda Crosby, being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of Trans Cascades 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 12th day of July, 2006.

Trans-Cascades Telephone Co. (Company)

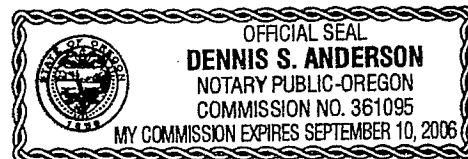
By: Brenda Crosby (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me this 12<sup>th</sup> day of JULY, 2006.

Dennis S. Anderson  
Notary public in and for the State of Oregon

My Commission Expires: 9-10-06



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

I, Brenda Crosby, being of lawful age and duly sworn, on my oath, state that I am the President [an officer] of Trans Cascade 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.

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 12th day of July, 2006.

Trans-Cascades Telephone Co. (Company)

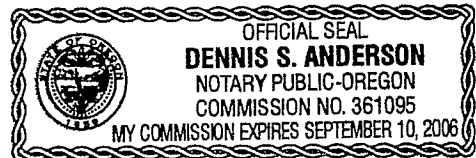
By: Brenda Crosby (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me this 12<sup>th</sup> day of JULY, 2006.

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

My Commission Expires: 9-10-06



PUC NO 2  
 TRANS CASCADES TELEPHONE COMPANY  
 LOCAL SERVICE

Twenty-first Revised Sheet No. 100

LOCAL ACCESS LINE RATES

RATES

Trunks, and one-party monthly rates are listed below. An optional EAS (Extended Area Service) rate is available to all customers.

Business Rates:	PBX TRUNK	KEY SYSTEM LINE	PAY PHONE LINE	SEMI PUBLIC	ONE PARTY	
	TCSOC <u>104</u>	TCSOC <u>103</u>	TCSOC <u>110</u>	TCSOC <u>102</u>	TCSOC <u>101</u>	
ANTELOPE Local Service	28.77	23.00	23.00	19.63	20.63	I
EAS Flat Rate	<u>28.76</u>	<u>22.99</u>	<u>22.99</u>	<u>19.62</u>	<u>16.94</u>	I
TOTAL	57.53	45.99	45.99	39.25	37.57	I

Residence Rates:	ONE PARTY TCSOC <u>201</u>	
ANTELOPE Local Service	9.32	I
EAS Flat Rate	<u>9.32</u>	I
TOTAL	18.64	I

MEASURED MULTIPLE EXCHANGE RATES

The following rate applies to optional measured extended area service (EAS). The rate applies to each minute, or fraction thereof, for calls to the following community(s).

	RATE PER MINUTE
MADRAS	\$0.08
WARM SPRINGS	\$0.08
BEND	\$0.08
CULVER	\$0.08
REDMOND	\$0.08

ADVICE NO. 86  
 ISSUED: February 9, 2006

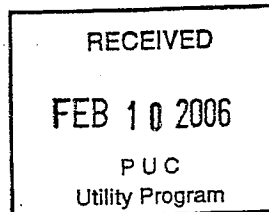
EFFECTIVE: August 5, 2006

ISSUED BY: TRANS CASCADES TELEPHONE CO.

TITLE: President

BY: Brenda Crosby

February 9, 2006



TRANS-CASCADES TELEPHONE COMPANY



LOCAL SERVICE

ACCESS LINE RATES

CONDITIONS

Local service is provided through facilities owned and maintained according to the standards of the Company. The territory served is shown on maps filed with the Commissioner by the Company. This territory is referred to as an Exchange.

D  
D

The application of business or residence rates is determined by the actual or obvious use made of the service by the customer. Where only one primary access line is provided at a location which is both business and residence, the business rate will apply. Flat rate service will not be installed on premises of a public or semi-public character in a location where a telephone connected to the access line would be accessible for use by the patrons of the customer or by the public in general.

Local service rates include the line which provides access to the central office switching equipment. Customer premises equipment (CPE) are excluded; except one telephone is included with semi-public service. Customer premises inside wire is excluded.

Advice No. 63

Issued January 2, 1990 Effective February 1, 1990

Issued By TRANS-CASCADES TELEPHONE COMPANY

By Road Day Title Vice President



PUC OR. NO. 2

Original Sheet No. 100.1

TRANS CASCADES TELEPHONE COMPANY

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES



Oregon Telephone Assistance Program (Lifeline or OTAP)  
And Link Up Program

Oregon Telephone Assistance Program (Lifeline or OTAP)

Lifeline provides for a discount against the recurring monthly rate for the provision of local residential service for certain low-income customers. Lifeline, and Link Up are joint State and Federal Programs pursuant to 47 C.F.R. Subpart E, 54. In order to be eligible for Lifeline, subscribers must meet the requirements for the Oregon Telephone Assistance Program as defined in OAR 860-033-0030.

Lifeline subscribers may subscribe to toll blocking at no extra charge. Toll blocking is a service provided that allows OTAP recipients to elect not to allow the completion of outgoing toll calls from their telecommunications circuit (OAR 86-033-0005(9)). Lifeline subscribers who subscribe to toll blocking will not be required to pay service deposits in order to initiate service.

Lifeline subscribers will not be disconnected for non-payment of toll charges, regardless of whether toll blocking is activated on their service. Partial payments received from Lifeline subscribers will be first applied to local service and then to toll charges.

Lifeline will not be furnished with Foreign Exchange service.

ADVICE NO. 77

ISSUED: December 9, 1997

EFFECTIVE: January 1, 1998

ISSUED BY: TRANS CASCADES TELEPHONE COMPANY

BY: Brenda Crosby

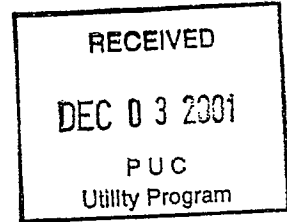
TITLE: Vice President

TRANS CASCADES TELEPHONE COMPANY

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES (continued)



Oregon Telephone Assistance Program (Lifeline or OTAP)  
And Link Up Program (continued)

The following services are included in Lifeline:

- o Single party, voice grade access to the Public Switched Network
- o Access to emergency services
- o Access to operator services
- o Access to interexchange services, unless toll blocking is chosen
- o Access to directory assistance
- o Toll Blocking

The discount will begin with the date the company receives a valid application from the customer or when new service is established for a qualifying customer. The discount will be prorated from the effective date of the customer's application. The discount is applicable only to one access line at a residential customer's principal residence.

The reductions to be applied to the residential one-party rate are as follows:

Baseline Federal Lifeline Reductions	\$5.00	*	C
Supplemental Federal Reduction	1.75		
State Supported Reduction (OTAP)	3.50		
Additional Federal Reduction*	1.75		
*(equal to 1/2 of OTAP amount)			
Total	\$12.00		C

These reductions are from the normal residential one-party service subscribed to by the subscriber. The Baseline Federal Lifeline Reduction shall be used to waive the subscribers' Federal End User Common Line charge or SLC.

\* Note: This may increase up to \$6.00 July 1, 2002 and up to \$6.50 July 1, 2003. N

ADVICE NO. 81

ISSUED: November 30, 2001      EFFECTIVE: January 1, 2002

ISSUED BY: Trans Cascades Tele-      TITLE: Vice President  
phone Company

BY: Brenda Crosby

PUC OR. NO. 2

Original Sheet No. 100.3

TRANS CASCADES TELEPHONE COMPANY

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES (Continued)



Oregon Telephone Assistance Program (Lifeline or OTAP)  
And Link Up (Continued)

LINK-UP PROGRAM

Subscribers who meet the requirements for Lifeline are eligible for the Federal Communication Commission's Link Up Program. A qualifying low-income subscriber may choose one or both of the following programs:

- a. A reduction in the customary charge for connecting service at the subscriber's principal place of residence which shall be half the connection charge, or \$30.00 whichever is less; and
- b. A deferred schedule for payment of the charges assessed for commencing service, for which the subscriber does not pay interest. The interest charges not assessed to the subscriber shall be for connection charges of up to \$200.00 that are deferred for a period not to exceed one year. Charges assessed for commencing service include any charges that the company customarily assesses to connect subscribers to the network. These charges do not include any permissible security deposit requirements.
- c. A carrier's Link Up program shall allow a consumer to receive the benefit of the Link Up program for a second or subsequent time only for a principal place of residence with an address different from the residence address at which the Link Up assistance was provided previously.

ADVICE NO. 77

ISSUED: December 9, 1997

EFFECTIVE: January 1, 1998

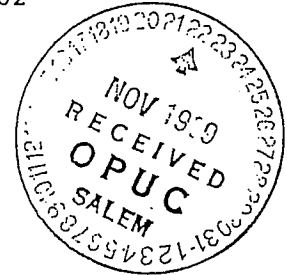
ISSUED BY: TRANS CASCADES TELEPHONE COMPANY

BY: Brenda Crosby

TITLE: Vice President

TRANS-CASCADES TELEPHONE CO.

LOCAL SERVICE



Promotions

Each year, Trans-Cascades Telephone Co. offers the following promotional sales to its customers on a regularly scheduled basis:

- A. Touch Calling: Conversion of single line "rotary" telephone services to "touch -calling" with no installation charge.

Offered once a year in July.

- B. Custom Calling Services: The Non-recurring Charges for the installation of any "Custom Calling Services" will be waived when an order is received from the customer ordering these services offered three times a year; April, October, and December.

NOTE: In addition to the above, a one time promotional sale will be offered in January 1990.

Advice No. 62

Issued November 20, 1989 Effective December 1, 1989

Issued By TRANS-CASCADES TELEPHONE CO.

By \_\_\_\_\_ Title Vice President

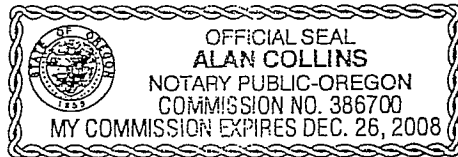
Practically Indispensable.

1320 SW Broadway, Portland, OR 97201-3499

### Affidavit of Publication

I, Darlene Dorman duly sworn depose and say that I am the Principal Clerk Of The Publisher of The Oregonian, a newspaper of general circulation, as defined by ORG 193.010 and 193.020, published in the city of Portland, in Multnomah County, Oregon; that the advertisement, the printed text of which is shown below, was published without interruption in the entire and regular issue The Oregonian or the issue on the following dates:

12/10/2005



Darlene Dorman  
Principal Clerk of the Publisher:

12/14/05  
Subscribed and sworn to before me this date:

Alan Collins  
Notary:

Ad Order Number: 0001633279

#### IMPORTANT NOTICE FROM TRANS CASCADES TELEPHONE CO.

Trans Cascades Telephone Co. is a quality telecommunications service provider that provides basic and enhanced services at reasonable rates within its service territory. Basic Services are offered at the following rates:

#### Monthly Service Charge Ranges

Single Party Residence Service: \$8.07 Single Party Business Service: \$17.89 Federal Subscriber Line Charge - Single Line: \$6.50 Directory Assistance: Charges are based on your interexchange provider's rates  Touch Tone Service: Residential, \$1.00; Business, \$1.50 Toll Blocking: Available at no charge for qualifying low income customers  Emergency 911 Services: Surcharges for 911 services are assessed according to government policy. Low-income individuals may be eligible for Federal and State Lifeline and Link-up telephone assistance programs which include discounts from the above basic local service charges. Basic Services are offered to all consumers in the Trans Cascades Telephone Co. service territories at the rates, terms, and conditions specified in our Company's services, please call us at 503-630-4202.

# The Oregonian Order Confirmation for Ad #0001633279

Customer Name Cascade Utilities  
Customer Phone 503-630-8962  
Account # 2000134932  
Customer Address  
 PO Box 189,303 SW Zobrist  
 Estacada OR 97023 USA

Customer Fax 503-630-8934  
Customer EMail

Payor Name Cascade Utilities  
Payor Phone 503-630-8962  
Account # 2000134932  
Payor Address  
 PO Box 189,303 SW Zobrist  
 Estacada OR 97023 USA

PO Number  
 25-7014

Sales Rep.  
 zzNoticesRep  
Ordered By  
 Sharon Day

Total Amount \$212.03  
Payment Amt \$0.00  
Amount Due \$212.03

Payment Method

Invoice Text

Promo Type C-Legal Ad 1x  
Special Pricing None  
Attributes

Tear Sheets 0  
Proofs 0  
Affidavits 1  
Blind Box  
Materials

Product:Edition:Zone

Oregonian:All:None  
Run Dates 12/10/2005

Sort Text IMPORTANTNOTICEFROMTRANSCASCADETELEPHONECOTRANSCASCADETELEPHONECOISQUALITYTELECOMMUNICATIO  
Run Schedule Invoice Text IMPORTANT NOTICE FROM TRANS CASCADES TELEPHONE CO. Trans Cascade

Product:Edition:Zone

Online:All:None  
Run Dates 12/10/2005

Sort Text IMPORTANTNOTICEFROMTRANSCASCADETELEPHON  
Run Schedule Invoice Text IMPORTANT NOTICE FROM TRANS CASCADES TEL

Placement

C-Notices - Classified

# Inserts

1

Placement

C-Notices - Classified

# Inserts

1

**Ad Content Proof**  
 IMPORTANT NOTICE FROM  
 TRANS CASCADES  
 TELEPHONE CO.  
 Trans Cascades Telephone Co. is  
 quality telecommunications  
 service provider that provides  
 basic and enhanced services at  
 reasonable rates within its ser-  
 vice territory. Basic Services are  
 offered at the following rates:  
 • Monthly Service Charge Ranges  
 • Single Party Residence Service:  
 • Single Party Business Service:  
 • Federal Subscriber Line Charge  
 • Single Line: 16.50  
 • Directory Assistance: Charges  
 are based on your  
 • Toll Blocking: Available at no  
 charge for qualifying low income  
 customers  
 • Emergency 911 Services: Sur-  
 charges for 911 services are as-  
 sessed according to government  
 policy.  
 Low-income individuals may be  
 eligible for Federal and State Life-  
 line and Link-up telephone assis-  
 tance programs which include  
 discounts from the above basic  
 services. All other basic serv-  
 ices are offered to all customers  
 in the Trans Cascades Telephone  
 Co. service territories at the  
 rates, terms, and conditions  
 specified in our Company's  
 services, please call us at 503-  
 630-4202.

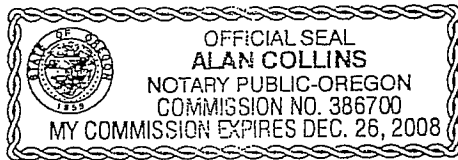
Practically Indispensable.

1320 SW Broadway, Portland, OR 97201-3499

### Affidavit of Publication

I, Darlene Dorman duly sworn depose and say that I am the Principal Clerk Of The Publisher of The Oregonian, a newspaper of general circulation, as defined by ORG 193.010 and 193.020, published in the city of Portland, in Multnomah County, Oregon; that the advertisement, the printed text of which is shown below, was published without interruption in the entire and regular issue The Oregonian or the issue on the following dates:

12/10/2005



Darlene Dorman  
Principal Clerk of the Publisher:

12/14/05  
Subscribed and sworn to before me this date:

Alan Collins  
Notary:

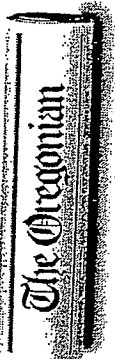
Ad Order Number: 0001633279

#### IMPORTANT NOTICE FROM TRANS CASCADES TELEPHONE CO.

Trans Cascades Telephone Co. is a quality telecommunications service provider that provides basic and enhanced services at reasonable rates within its service territory. Basic Services are offered at the following rates:

##### Monthly Service Charge Ranges

Single Party Residence Service: \$8.07 Single Party Business Service: \$17.89 Federal Subscriber Line Charge - Single Line: \$6.50 Directory Assistance: Charges are based on your interexchange provider's rates  Touch Tone Service: Residential, \$1.00; Business, \$1.50 Toll Blocking: Available at no charge for qualifying low income customers  Emergency 911 Services: Surcharges for 911 services are assessed according to government policy. Low-income individuals may be eligible for Federal and State Lifeline and Link-up telephone assistance programs which include discounts from the above basic local service charges. Basic Services are offered to all consumers in the Trans Cascades Telephone Co. service territories at the rates, terms, and conditions specified in our Company's services, please call us at 503-630-4202.



# The Oregonian Order Confirmation for Ad #0001633279

Customer Name Cascade Utilities  
Customer Phone 503-630-8962  
Account # 2000134932  
Customer Address  
 PO Box 189,303 SW Zobrist  
 Estacada OR 97023 USA

Payor Name Cascade Utilities  
Payor Phone 503-630-8962  
Account # 2000134932  
Payor Address  
 PO Box 189,303 SW Zobrist  
 Estacada OR 97023 USA

Sales Rep.  
 zzNoticesRep  
Ordered By  
 Sharon Day

Customer Fax 503-630-8934  
Customer Email

PO Number  
 25-7014

Total Amount \$212.03  
Payment Amt \$0.00  
Amount Due \$212.03

Promo Type C-Legal Ad 1x  
Special Pricing None  
Attributes

Ad Size 1.0 X 43 LI  
Color <NONE>

Payment Method  
Invoice Text

Tear Sheets 0  
Proofs 0  
Affidavits 1  
Blind Box

Materials

Product:Edition:Zone  
 Oregonian:All:None  
Run Dates 12/10/2005  
Sort Text IMPORTANTNOTICEFROMTRANSCASCADESTELEPHONECOTRANSCASCADESTELEPHONE  
Run Schedule Invoice Text IMPORTANT NOTICE FROM TRANS CASCADES TELEPHONE CO. Trans Cascade

Placement  
 C-Notices - Classified  
Position  
 008-Public Notices

# Inserts  
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Product:Edition:Zone  
 Online:All:None  
Run Dates 12/10/2005  
Sort Text IMPORTANTNOTICEFROMTRANSCASCADESTELEPHON  
Run Schedule Invoice Text IMPORTANT NOTICE FROM TRANS CASCADES TEL

Placement  
 C-Notices - Classified  
Position  
 008-Public Notices

# Inserts  
 1

**Ad Content Proof**  
 IMPORTANT NOTICE FROM  
 TRANS CASCADES  
 Trans Cascades Telephone Co. is  
 a quality telecommunications  
 service provider that provides  
 basic and enhanced services at  
 reasonable rates within its ser-  
 vice territory. Basic Services are  
 offered at the following rates:  
 Monthly Service Charge: \$3.00  
 Monthly Service Charge Samples  
 \$8.07  
 Single Party Residence Service:  
 \$17.89  
 Federal Subscriber Line Charge  
 Single Line: \$4.50  
 Direct Inward Dialing Charges  
 are based on your  
 interexchange provider's rates  
 Touch Tone Service: Residential,  
 \$1.00; Business: \$1.50  
 Toll Blocking: Available at no  
 charge to qualifying low income  
 customers.  
 Emergency 911 Services: Sur-  
 charges for 911 services are as-  
 sessed according to government  
 policy.  
 Low-income individuals may be  
 eligible for Federal and State Life-  
 line and Link-up telephone assis-  
 tance programs. These programs  
 include discounts from the above  
 local service charges. Basic Ser-  
 vices are offered to all consumers  
 in the Trans Cascades Telephone  
 Co. service territories at the  
 rates, terms, and conditions  
 specified in our Company's  
 Form 495. Please call us at 503-  
 630-4302.



# TRANS-CASCADES TELEPHONE-MANAGERS' 2005 CONTROL REPORT

	OBJ	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR END AVG	YEAR END TOTALS
TOTAL TROUBLES REPORTED	0	1	0	0	0	0	1	1	0	0	0	3	1	1	7
TROUBLES PER 100 ACC LNS	0.00	0.49	0.00	0.00	0.00	0.00	0.47	0.45	0.00	0.00	0.00	1.41	0.47	0.27	N/A
SUBSEQUENT TRBL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RESOLVED TROUBLES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
REPEATED TROUBLES (DURING MONTH)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REPORTED/FAULT OPUC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IPC REPORT/# MAN HRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WORKERS' COMP ACCIDENTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MILES DRIVEN	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A	0
TOTAL OT HRS WORKED	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0
SERVICE ORDERS HANDLED	22	19	17	20	20	11	24	25	29	37	21	10	12	20	245
NECA COUNT GROWTH	1	-2	3	0	1	7	-3	9	2	-5	-4	0	1	1	11
NECA COUNT	217	203	206	206	207	214	211	220	222	217	213	213	214	212	214
Business	45	40	41	42	43	44	44	50	49	47	46	46	46	45	46
Residence	172	163	165	164	164	170	167	170	173	170	167	167	168	167	168
TOLL EXPENSE \$	\$15	\$7.96	\$15.00	\$28.11	\$0.00	\$9.69	\$24.88	\$22.81	\$14.06	\$19.80	\$23.54	\$10.94	\$10.09	\$15.57	\$166.88
VOICEMAIL	28	16	17	15	15	16	16	15	16	16	15	15	15	16	15
VOICEMAIL GROWTH	1	0	1	-2	0	1	0	-1	1	0	-1	0	0	0	-1
CUSTOM CALLING	98	88	87	84	83	86	86	85	87	86	84	84	85	85	85
CUSTOM CALLING GROWTH	12	2	-1	-3	-1	3	0	-1	2	-1	-2	0	1	0	-3
CLASS SERVICES	60	50	64	65	56	58	57	57	61	58	56	55	53	56	63
CLASS SERVICES GROWTH	12	2	4	1	1	2	-1	0	4	-3	-2	-1	-2	0	3