

**BEFORE THE PUBLIC UTILITY COMMISSION
OF OREGON**

UM 1217

In the Matter of)	
)	
PUBLIC UTILITY COMMISSION OF)	
OREGON)	
)	
Staff Investigation to Establish)	COMPLIANCE FILING OF
Requirements for Initial Designation and)	OREGON-IDAHO UTILITIES, INC.
Recertification of Telecommunications)	FOR ETC RECERTIFICATION
Carriers Eligible to Receive Federal)	PURSUANT TO ORDER NO. 06-292
Universal Service Support.)	

OREGON-IDAHO UTILITIES, INC. ("OIU" or the "Company") respectfully submits its Compliance Filing in response to Order No. 06-292, and requests that the Commission recertify its status as an Eligible Telecommunications Carrier (ETC) eligible to receive federal universal service support.

Dated: July 12, 2006

Jeffrey F. Beck, President

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:

Flat rate residential monthly service rates are \$11.65, \$13.65, and \$18.65, depending on location. See attached tariff sheet No. 301.

2. business:

Flat rate business monthly service rates are \$23.35, \$26.35, and \$31.35, depending on location. See attached tariff sheet No. 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: _____

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. ___ 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. 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: 1.
If greater than zero, include attachment noting for each such held order, the reason the order was held and the original commitment date.

RESPONSE: See Attachment.

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.

RESPONSE:

Newspaper advertisements were placed in two newspapers with distribution areas that cover the geographic region of our service territory. The attached ad from the Owyhee Avalanche was run on June 15, 2005 and December 7, 2005. The attached ad from the Idaho Press Tribune was run on June 14, 2005 and December 4, 2005.

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: 6.

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.

RESPONSE:

The newspaper ads referred to in Report #3 also included advertising for Lifeline, Linkup and OTAP support.

These financial assistance programs are also referenced at Page 7 of our telephone directory, which is distributed to each new subscriber when service is established and to all subscribers annually. See Attachment.

OIU also utilizes posters from the Foundation for Rural Service advertising the availability of support programs, samples of which are attached. These were posted at the Jordan Valley Health Clinic. The Jordan Valley postmaster and local merchants would not allow OIU to display the posters.

The program is also “advertised” to all new customers when they make a service inquiry or service order. OIU’s service reps review the list of qualifying programs and discuss OTAP eligibility.

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: 4.

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.

RESPONSE: See Attachment.

- 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:

RESPONSE:

The monthly figure for 2005 is 1.17 per 100 working access lines.

The annual total for 2005 is 14 per 100 working access lines.

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.

RESPONSE:

The Certifications are attached.

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

State of California)
)
County of Contra Costa)

I, Jeffrey F. Beck, being of lawful age and duly sworn, on my oath, state that I am the President of Oregon-Idaho Utilities, Inc. (“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 ____ day of July, 2006.

Oregon-Idaho Utilities, Inc. (Company)

By: Jeffrey F. Beck (Name)

Its: President (Title)

SUBSCRIBED AND SWORN to before me on July ____, 2006 by Jeffrey F. Beck, personally known to me or proved to me on the basis Of satisfactory evidence to be the person who appeared before me..

Notary Public