

DOCKET NO. UM 1375

**Required Cover Sheet for Submission of
2008 Annual ETC Recertification Reports**

Filing Deadline: Tuesday, July 15, 2008

Name of Eligible Telecommunications Carrier: Oregon-Idaho Utilities, Inc.

Filing date: July 10, 2008

Is this: Original submission? X

OR

Revised submission? _____ If revised, please identify which reports
are being revised _____

Person to contact for questions:

Name Alison Beck, Manager, Regulatory and External Affairs

Phone number (510) 836-3716

E-mail address abeck@or-id.com

Filing instructions: Please file reports under Docket No. UM 1375. File reports electronically via the PUC Filing Center; see the PUC website for instructions. Also send one original and 2 hard copies to the PUC Filing Center. If selected portions of reports, e.g., network improvement plans, are to receive confidential treatment, those portions should not be filed electronically. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080. Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Send documents to the Filing Center using one of the two following addresses, depending on the delivery carrier used:

For US mail: Public Utility Commission of Oregon
Attn: Filing Center
PO Box 2148
Salem, OR 97308-2148

For other carriers: Public Utility Commission of Oregon
Attn: Filing Center
550 Capitol St. NE #215
Salem, OR 97308-2148

If you have any questions on these reports, please call Kay Marinos at 503-378-6730, or Celeste Hari at 503-378-6628.

2008 Annual Recertification Reports for ETCs in Oregon

Docket No. UM 1375

Report Formats to Satisfy Requirements of Order No. 06-292 for 2008

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 Not 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 only

Report #8 Special Commitments/Requirements – CETCs only

Report #9 Certifications – All ETCs

- 9.1. IAS or ICLS Certification Copy – **All ETCs Receiving IAS or ICLS**
- 9.2. Certification of Use of Universal Service Funds – **All ETCs Receiving Traditional High-Cost Support (HCL, LSS)**
- 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:
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: _____

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 _____

LOCAL SERVICE

LOCAL ACCESS LINE RATES (Continued)
RESIDENCE SERVICE

<u>Exchange Names</u>	<u>One-Party</u>
Jordan Valley	11.65
Zone 1	13.65
Zone 2	18.65
Adrian ¹	18.65
Ridgeview ¹	18.65
Additional EAS Increment-Each Access Line ²	1.40

(C)

(C)

¹Adrian and Ridgeview local rates include unlimited calling between the two exchanges.

(N)

²EAS rate provides calling into Homedale, Idaho, Marsing, Idaho, and Wilder, Idaho, exchanges of Citizens Communications and will be provided by the company only while the existing direct facilities with Citizens Communications are available to and maintained by the company.

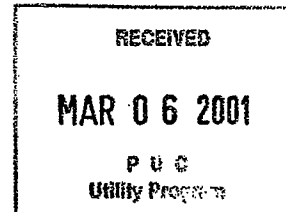
(C)

Above rates do not include customer premise inside wire, the telephone instrument, or other terminal equipment.

Above rates do not include Oregon Telephone Assistance Program (OTAP) credit or credits available under the Federal Lifeline program.

Above rates do not include applicable surcharges.

(C)



Advice No. 8

Issued March 2, 2001

Effective August 4, 2001

Issued by
Larry W. Clark, President

LOCAL SERVICE

**LOCAL ACCESS LINE RATES
BUSINESS SERVICE**

RATES

Monthly rates for local access lines are:

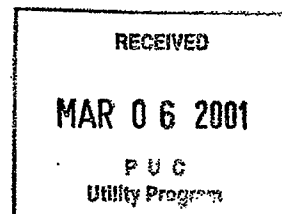
<u>Exchange Names</u>	<u>PBX Trunks</u>	<u>One- Party</u>
Jordan Valley	35.05	23.35
Zone 1	38.05	26.35
Zone 2	43.05	31.35
Adrian ¹	43.05	31.35
Ridgeview ¹	43.05	31.35
Additional EAS Increment-Each Access Line ²	3.50	3.50

¹Adrian and Ridgeview local rates include unlimited calling between the two exchanges.

²EAS rate provides calling into Homedale, Idaho, Marsing, Idaho, and Wilder, Idaho, exchanges of Citizens Communications and will be provided by the company only while the existing direct facilities with Citizens Communications are available to and maintained by the company.

Above rates do not include customer premise inside wire, the telephone instrument, or other terminal equipment.

Above rates do not include applicable surcharges.



Advice No. 8

Issued March 2, 2001

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(c)

(c)

(N)

(c)

(c)

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 2007. 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 2007. 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 2007: _____.
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 2007: 1.
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 #2 – Unfulfilled Service Requests

B.2. Primary held order over 30 days.

We are in receipt of an order from Mr. Dave Bickerson located approximately 6 miles west of Rome Oregon. Construction to Mr. Bickerson will require about 6 miles of buried facilities. We are in the final stages of permitting and construction should be complete in fall of 2008.

**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 2007 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 2007.

RESPONSE:

Newspaper advertisements were placed in two newspapers with distribution areas that cover the geographic region of our service territory. The attached ad was published in The Owyhee Avalanche on March 14, June 13, September 19, and December 12, 2007. The attached ad was also published in The Argus Observer on March 19, June 11, September 18, and December 17, 2007.

OREGON-IDAHO UTILITIES, INC.



Wishes to inform the public of the availability of its telephone services which are offered in rural portions of Malheur County, Oregon and Owyhee County, Idaho.

Oregon-Idaho's local service area includes the Oregon exchanges of Jordan Valley (prefix 541/586), Adrian (541/724) and Ridgeview (541/339) and the South Mountain (208/583) exchange in Idaho. Monthly service rates within these areas vary, depending on service location, and range from:

\$11.65 to \$20.05 plus \$6.50 federal end user charge for residential service, and

\$23.35 to \$34.85 plus \$6.50 federal end user charge for single line business service.

These rates include unlimited calling within the defined local areas, access to 911 services, access to operator services and directory assistance, and interexchange carrier access. Touch tone service is available for an additional \$1.26 for residential customers and \$2.52 for business customers.

Low income individuals eligible for the Lifeline and Link-up assistance programs may be eligible for discounts from these basic service rates through the Oregon and Idaho telephone assistance programs and may also receive toll call blocking service without charge.

For information on our services, including lifeline eligibility, or to place an order for service, contact the Oregon-Idaho Utilities, Inc., business office at:

(800) 624-0082

Report #4 – Low-income Services – All ETCs

4.1. Number of Lifeline Customers – All ETCs

The total number of customers receiving Lifeline discounts during the month of December 2007 in the designated service area: 5 .

CETCs only - also list counts by ILEC service area as follows:

<u>ILEC Svc Area</u>	<u>No. of Lifeline customers</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.2. Advertising of Low-Income Program Service Offerings – All ETCs

Submit copies of all advertisements (for all media) for Lifeline, LinkUp, and OTAP service offerings that were run during calendar year 2007, 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 in Page 7 of Oregon-Idaho Utilities, Inc. 2007-2008 Directory, which is distributed to each new subscriber when service is established and to all subscribers annually. Please see attachment.

OIU also utilizes posters from the *Foundation for Rural Service*, advertising the availability of support programs in both English and Spanish (see samples attached). The posters were posted at the Jordan Valley Health Clinic and at our main office in Nampa, Idaho where customers pay their telephone bills.

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

Billing and Payment

Financial Assistance

Several programs provide financial help, depending on your circumstances. The **Idaho Telephone Assistance Program (ITAP)**, the **Nevada Lifeline Assistance Program**, and the **Oregon Telephone Assistance Program (OTAP)** provide reduced phone bills for qualified low-income customers. The **Link-Up America Program** provides financial help with telephone service installation charges for qualified persons.

Error On Your Bill

If you have a question on your bill, call your local service representative. Explain the possible error to the representative who will help you. If the error cannot be resolved, please pay the undisputed charges on time so you'll maintain a good payment record while the problem is being investigated.

Disconnection With Notice

If your payments are not received by the due dates, or you do not meet your deposit requirements or mutually agreed upon payment arrangements, your telephone service may be disconnected.

We may also disconnect your service for unauthorized use of telephone service or violation of company rules which adversely affects personal safety or the integrity of the telephone system.

We will give you seven day's written notice before disconnecting your service. This notice period will not apply if we receive payment with an NSF check or if you fail to satisfy a payment agreement, in which cases termination may be made 24 hours after giving or attempting to give you oral notice of such circumstances.

In the event of fraud or violation of rules that protect safety or the integrity of the network, we may disconnect service without prior notice.

If you receive notice of disconnection at a time when you have a medical condition or emergency that requires continuation of telephone service, you may provide the company with a written certificate signed by a licensed physician or public health officer describing the emergency condition. Upon receipt of such certificate, we will delay disconnection of essential service for a thirty-day period.

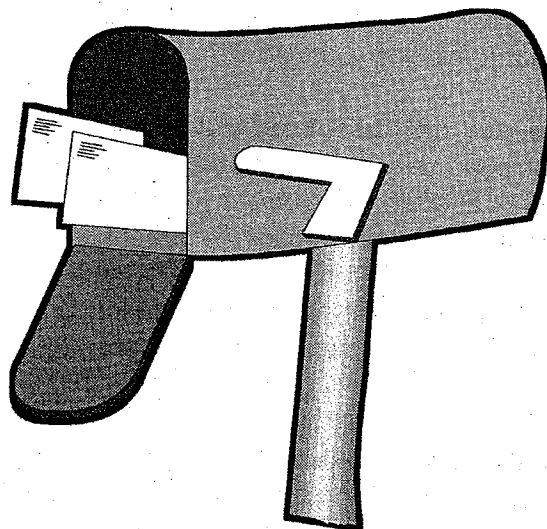
We will not disconnect your service on a Saturday, Sunday or holiday or after noon on a Friday or day before a holiday.

How To Get Your Service Restored

All past charges must be paid before your service can be reconnected, and you will be charged a restoral fee. You may also be asked to pay a deposit.

Terminating Service At Your Request

You may terminate your service at any time and without charge simply by calling our business office. You will receive a closing bill for service through the date of disconnection.



Yes, You Can Afford Telephone Service... And Your Community Based Telecom Provider Can Show You How.

Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. In fact, they've created a system to do just that.

If you participate in programs, such as food stamps, Medicaid, the national school free-lunch program, Section 8 housing or supplemental security income, or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill.

This "universal service" support includes:

- **Lifeline** assistance that provides discounts for basic monthly local telephone service
- **Link Up** that reduces the cost of initiating new telephone service
- **Toll Limitation Service** that allows you to control your long-distance charges
- **Additional discounts** for eligible consumers living on tribal lands

Sí, puede acceder al servicio telefónico...

Y su proveedor de telecomunicaciones de su comunidad puede mostrarle cómo.

Los legisladores federales y estatales consideran que toda persona en los Estados Unidos debería tener acceso a un servicio de telecomunicaciones de calidad, a un precio accesible. De hecho, han creado un sistema para lograrlo.

Si participa en programas, como cupones para alimentos, Medicaid, el programa nacional de almuerzos escolares gratuitos, el ingreso de seguridad suplementario o para vivienda en virtud de la Sección 8, o si su ingreso familiar está por debajo de un determinado umbral, es posible que reúna los requisitos para obtener un descuento en su factura telefónica.

Esta ayuda de "servicio universal" incluye:

- **Asistencia Lifeline:** proporciona descuentos mensuales en el servicio telefónico local
- **Programa Link Up:** reduce el costo de iniciar un nuevo servicio telefónico
- **Servicio de tarifa limitada:** le permite controlar los cargos de llamadas de larga distancia
- **También hay descuentos adicionales** disponibles para los consumidores elegibles que vivan en territorios tribales

Report #5 – Outage Report – All ETCs

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

A. Carrier was required to report 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) to the Oregon PUC during year 2007. No additional submission is required for recertification purposes.

B. Carrier was *not* required to report 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) to the Oregon PUC during year 2007. Select #1 (wireline carriers) or #2 (wireless carriers) below.

1. The number of service outages, as defined in Oregon PUC rules, that occurred during calendar year 2007 was 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.

2. The number of service outages, as defined in FCC rules at 47 CFR Section 54.209(a)(2), that occurred during calendar year 2007 was _____.

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 2007 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 2007. In this case, choose **one** of the following alternatives for reporting:

1. The average monthly number of customer trouble reports received per 100 wireless handsets for supported services during calendar year 2007, 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 average monthly number of customer trouble reports, as defined in Section 860-034-0390 (5) of the Oregon PUC rules, per 100 access lines, received during calendar year 2007: 0.8 per month, per 100 working access lines.

Report #9 – Certifications - All ETCs

9.1. IAS or ICLS Certification Copy – All ETCs Receiving IAS and/or 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 2008.

9.2. Certification of Use of Universal Service Funds – All ETCs receiving HCL and/or 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.

OREGON-IDAHO UTILITIES, INC.

JEFFREY F. BECK
President
510/338-4621
jbeck@or-id.com

ALISON R. BECK
Manager - Regulatory and External Affairs
510/338-4622
abeck@or-id.com

June 19, 2008

Marlene H. Dortch, Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

Karen Majcher
Vice President – High Cost and Low Income Division
Universal Service Administrative Company
2000 L. Street, NW, Suite 200
Washington, D.C. 20036

Re: CC Docket No. 96-45
Interstate Common Line Support – ICLS
Annual Certification Filing
Our File No. OIU/8.13A

This letter certifies that Oregon-Idaho Utilities, Inc, will use its Interstate Common Line Support 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. This certification extends to and includes both of the Company's study areas, as noted below.

Oregon-Idaho Utilities, Inc. – HOLDING COMPANY CODE 200000286
Study Areas:

“Oregon Idaho Utilities” study area, SA Code 532390

“Humboldt Telephone Company” study area, SA Code 553304

Signed,



Alison R. Beck, Secretary
Oregon-Idaho Utilities, Inc.
Humboldt Telephone Company

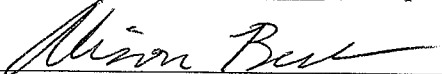
AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Alison Beck, being of lawful age and duly sworn, on my oath, state that I am the Secretary [an officer] 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.

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 9th day of July, 2008.

Oregon-Idaho Utilities, Inc. (Company)

By: Alison Beck  (Name)

Its: Secretary (Title)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of ALAMEDA

On July 9-08 before me, ROMIE VERMA, Notary Public,
(Here insert name and title of the officer)

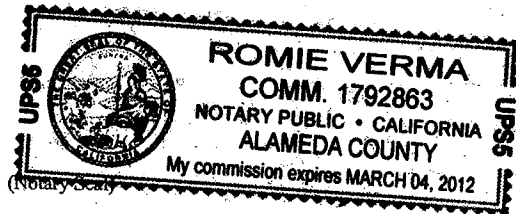
personally appeared AUSON RUTH BECK

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Romie Verma
Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit certifying use
(Title or description of attached document)

of Universal Service Funds
(Title or description of attached document continued)

Number of Pages 1 Document Date July 9, 2008
(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer
(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
 - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
 - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
 - Print the name(s) of document signer(s) who personally appear at the time of notarization.
 - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
 - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
 - Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
 - Securely attach this document to the signed document

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

I, Alison Beck, being of lawful age and duly sworn, on my oath, state that I am the Secretary [an officer] 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:

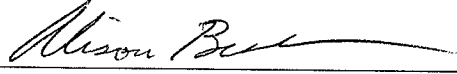
- 1) is able to remain functional in emergencies, and,
- 2) complies with service quality and consumer protection measures in

(check one):

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 this 9th day of July, 2008.

Oregon-Idaho Utilities, Inc. (Company)

By: Alison Beck  (Name)

Its: Secretary (Title)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of ALAMEDA

On July 9-08 before me, ROMIE VERMA, Notary Public
(Here insert name and title of the officer)

personally appeared ALISON RUTH BECK

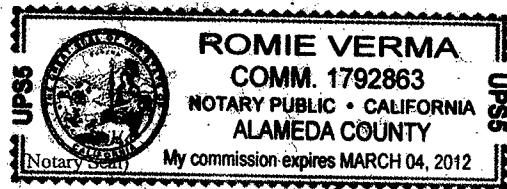
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Romie Verma

Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Appraisal certificate of Energy
(Title or description of attached document)

for about 2 hrs. with some
quality of consumer protection
measures
(Title or description of attached document continued)

Number of Pages 7 Document Date _____

July 9-08

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

(Title)

- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, ~~is /are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document