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:		<u> ADE</u>	UTILITIES	INC.
Filing date: JULY 10, ZDD8				
Is this: Original submission? X OR				
Revised submission?]	If revised, pare being		lentify which re	ports
Person to contact for questions:	are being	TOVISCO	·	
Name DENNIS S. ANDERSAN	<u> </u>			
Phone number <u>503 - 630 - 4202</u>	EXT.	8942	-	
E-mail addressandersand@cuac	Less.ne	ŧ		

<u>Filing instructions</u>: Please file reports under Docket No. UM 1375. File reports electronically via the PUC Filing Center; see the PUC website for instructions. <u>Also</u> 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: SEE ATTACHED REPORT 1.1 (SHEETS 1-6)
	2 lustiness
	2. business: SEE ATTACHED REPORT 1.1 (SHEETS 1-6)
В	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.
	Comparable Local Usage Plan - CETCs only
	arrier certifies that it offers at least one basic local usage plan that is comparable to offered by the ILECs in its designated service area: yes no
	fy which of the plans in 1.1.B above are "comparable" to the ILEC local usage ngs, and explain the basis for the comparability.
1.3. S	upported Services Not Provided – CETCs only
provid	fy any supported services that were not available at designation, but were to be led as a condition of ETC designation (e.g., toll restriction for qualifying lower consumers, E911):
Are th	ese services provided currently? yes no explain why not:
<u>1.4. E</u>	Equal Access Acknowledgement - CETCs only
	arrier acknowledges that it may be required to provide equal access if it is the only ning 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 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.
 - 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:
 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 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.

SEE ATTACHED REPART 3 (SHEET IDF 1)

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: 203_.

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.

SEE ATTACHED: REPORT 4.2 (SHEET 1-1)

· Report #5 - Outage Report - All ETCs

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

A. <u>×</u>	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.						
В	Rules at for large provide:	was <i>not</i> required to report service outages (as defined in Oregon PUC t Sections 860-034-0390(9) for small telecom utilities, 860-023-0055(9) te telecom utilities, and 860-032-0012(9) for competitive telecom rs) to the Oregon PUC during year 2007. Select #1 (wireline carriers) wireless carriers) below.					
	1	The number of service outages, as defined in Oregon PUC rules, 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.					
	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 <u>either</u> А. <u>or</u>	B. below, as appro	opriate:	
	quality rules. No a	n the Oregon PUC for calend additional submission is req	•
		with the Oregon PUC during alternatives for reporting:	ng calendar year 2007.
100 wirele		number of customer troubl oorted services during caler	± -
<u>Troub</u> No sea	<u>le Type</u> vice	Switch A (location)	Switch B (location)
	ork busy		
	iption of service		
Poor r	eception		
in Section	860-034 - 0390 (5) o	number of customer troub f the Oregon PUC rules, pe 2007: <u>.37</u> per month, pe	er 100 access lines,

Report #7 - Network Improvement Plan - CETCs Only

Per Docket No. UM 1217, Order No. 06-292, competitive ETCs (CETCs) must file network improvement plans annually for recertification purposes. Appendix A of the order details the information that must be included in such plans. Only CETCs must file these plans for annual recertification purposes; ILECs are not required to file such plans. 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 template in the attached Excel worksheets for their network improvement plans. This template incorporates all the items of information required by the order.

Report #8 - Special Commitments/Requirements - CETCs only

Did the Oregon PUC impose any special commitments or requirements at initial	٠	
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 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.

		nterstate <u>C</u> ommon	<u>Line Support (ICLS)</u> 2008 - 2009
Date	June 16, 2008		ICLS
To:	Office of Secretary Federal Communications Commission 445 - 12th Street, SW Washington, DC 20554		IVLU
	Karen Majcher Vice President - High Cost and Low Income Universal Service Administrative Company 2000 L Street, NW, Suite 200 Washington, DC 20036	Division	
Re:	CC Docket No. 96-45 Interstate Common Line Support Annual Certification Filing	- ICLS	
and upgr	ading of facilities and services for which the su	apport is intended.	
	orized to make this certification on behalf of the a(s) listed below. (Please enter your Compa	any Name, State and Study Ar	
	a(s) listed below. (Please enter your Compa	nny Name, State and Study Ar	rea Code)
	a(s) listed below. (Please enter your Compa Company Name	ICLS State	ea Code) Study Area Code
	a(s) listed below. (Please enter your Compa	nny Name, State and Study Ar	rea Code)
	a(s) listed below. (Please enter your Compa Company Name	ICLS State	ea Code) Study Area Code
	a(s) listed below. (Please enter your Compa Company Name	ICLS State	ea Code) Study Area Code
	a(s) listed below. (Please enter your Compa Company Name Cascade Utilities, Inc.	ICLS State	Study Area Code 532371
study are	a(s) listed below. (Please enter your Compa Company Name Cascade Utilities, Inc.	ICLS State OR	Study Area Code 532371 s and check this box.)
Signed, [Signature	Company Name Cascade Utilities, Inc. (If necessary, attach a separate of Authorized Representative)	ICLS State OR rate list of additional study area	Study Area Code 532371 s and check this box.)
Signed, [Signature Brooke C. [Printed N	Company Name Cascade Utilities, Inc. (If necessary, attach a separate of Authorized Representative) Wheeler Jame of Authorized Representative]	ICLS State OR rate list of additional study area	Study Area Code 532371 s and check this box.)

USAC

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Brenda	LRASBY	, being	; of lawful age an	d duly sworn,	on my oath,
state that I am		ESIDENT		[an officer]	
LASCADE	UTILITIES	INC.	("Company") ar	nd that I am au	thorized to
execute this A	ffidavit on be	half of the Con	npany, and the fa		
			mation and belie		
	•				
Pursuant to the	e rules of the	Federal Comm	unications Comr	nission, 47 C.I	7.R. § 54.314,
			ds received under		
Fund program	s will be used	d only for the pr	rovision, mainter	ance and upgr	ading of
		•	rt is intended. Th		
the Public Util	lity Commiss	ion of Oregon t	hat pursuant to 4	7 C.F.R. § 54.	7, and for
purposes of the	e certification	n required unde	r 47 C.F.R. § 54.	314, the comp	any will use all
federal high-co	ost support pi	ovided to it on	ly for the provisi	on, maintenan	ce and
upgrading of f	acilities and	services for whi	ich the support is	intended, con	sistent with the
principles of u	niversal serv	ice set forth in	47 U.S.C. 254. 🛚	This includes, l	out is not limited
to, trying to me	eet the goal o	of the provision	of services that a	are properly su	pported by the
high-cost fund	s at rates that	are reasonably	comparable to r	ates charged fo	or similar
services in urb	an areas.				
		•			
	th	. —			
DATED this _	day of	JULY,	, 2008.		
(000)	> = 1 =	DC 4 (N)4	(0 -)		
L_KSLA	DE UTILIT	TES INC.	(Company)	A STATE OF THE PARTY OF THE PAR	OFFICIAL SEAL
By: Been	1. (.		(Mama)		MARIAN GILL NOTARY PUBLIC-OREGON
Dy. <u>Bun</u>	an cr		(Name)	10,000	COMMISSION NO. 390831 IMISSION EXPIRES MAR. 20, 2009
Its: Presit	~ £ ~ 1 T	// `	(T:+1a)	MYCOW	MISSIUR CAPINES WAN. 20, 2005
IIS: TEESII	7EN 1	<u> </u>	(Title)		
CLIDCCDIDEL	AND CWA	DNMa hafara m	ne this 10 day	of June 1	<u> </u>
SODSCRIDEL V	AND SWU	KTANIO DETOTE II	le ulis 10 day	or $\frac{\sqrt{WW}}{\sqrt{WW}}$	<u> </u>
ke on!	2 = 4	_ \			
Notary public i	n and for the	State of Orego		•	
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My Commissio	on Expires	34212	7A		
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AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES

I, BRENDA LROSBY, being of lawful age and duly sworn, on my oath,
state that I am the PRESIDENT [an officer] of
CASCADE 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:
i and requirements of Committee
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):
Older 140. 00-272).
DATED this Ioth day of July , 2008.
DATED tills 14 day of 3014, 2008.
LASCADE UTILITIES INC. (Company) OFFICIAL SEAL
Company) OFFICIAL SEAL MARIAN GILL
By: Bulla Crosky (Name) NOTARY PUBLIC-OREGON COMMISSION NO. 390831
MY COMMISSION FXPIRES MAR. 20, 2009
SUBSCRIBED AND SWORN to before me this 10 day of, 2008.
SUBSCRIBED AND SWORM to before me this 10' day of, 2008.
Marian
Notary public in and for the State of Oregon
2/25/250
My Commission Expires: 360009

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES

Trunks, and one-party apply within the base rate area and supplementary base rate areas. Multi-party applies in suburban areas. Trunks, and one-party can be provided in suburban areas for additional charge (mileage). Monthly rates are:

	Residence Rates			
	Key	•		
PBX	System	Payphone	One	One
Trunk	Line	Line	Party	Party
CSOC	CSOC	CSOC	CSOC	CSOC
<u>104</u>	<u>103</u>	110	<u>101</u>	<u>203</u>
35.66	35.66	35.66	29.7 2	15.24

ESTACADA
CORBEIT
ELATON
ASE VALLEY
MITHO MOWS &
RIPPLEBROOK
MEDICAL SPRINGS
HAINES
SCOTISBURG

EXTENDED AREA SERVICE (EAS)

RATES

Flat Rate Option (All Exchanges)

Fizit Rate EAS provides for unlimited calling to available EAS regions. Charges are dependent upon the rannber of EAS customers which can be called. The rates listed below become effective October 2, 1999.

Monthly rates are as follows:

Number of EAS	Business	Residence	Applicable
Customers Accessible	Rates	Rates	Exchanges @, 10/2/99
0001 - 1500	\$ 2.00	\$ 1.00	None
1501 - 5000	\$ 8.00	\$ 4.00	Scottsburg, Ash Valley
<i>5</i> 001 - 15000	\$12.00	\$ 6.00	Medical Springs
15000 - 50000	\$14.00	\$ 7.00	Elkton, Hames
5 000 0 +	\$21.30	\$10.65	All Other

Measured Rate Option (All Exchanges)

Charges for optional Measured EAS are based upon each minute of use or fraction thereof. Measured EAS is not available to grandfathered multi-party service. The rate for Measured EAS for residential and business service is \$0.05 per minute, or fraction thereof. (Material found on this Sheet was formerly found on Sheet 100.1).

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IS SUED	October 15, 1998	EFFECTIVE	October 2, 1999
ISSUED BY	CASCADE UTILITIES, INC.	TITLE	Vice President
By	Brenda Crosby		

I

CASCADE UTILITIES, INC

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RATES, Continued

The rates on the preceding sheet do not include the customer premises inside wire. Service Assistance Programsurcharge, the telephone instrument or other terminal equipment, except one coin telephone instrument is included with semipublic service.

Oregon Telephone Assistance Program (OTAP) Credit

The above rates do not include the Oregon Telephone Assistance Program (OTAP) credit. Effective April 1, 1989, qualifying customers receive a \$3.50 reduction from the above rates for the single line which serves the customer's principal residence.

EAS CALLING AREAS

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Extended Area Service (EAS) provides interexchange telephone service to the customer at either a flat rate per month or an optional measured rate per minute. Extended Area Service does not include calls the customer makes within the customer's serving exchange.

For customers in exchanges which receive EAS, those customers shall be permitted to change Extended Area Service options for a six month period without incurring a fee for the change.

ADVICE NO 124

ISSUED October 15, 1998	EFFECTIVE	October 2, 1999
ICCLIED DV CACCARD		
ISSUED BY CASCADE UTILITIES, INC.	TITLE · ·	Vice President
BYBrenda Crosby	•	

PUC OR, NO. 6

Original Sheet No. 100.3

CASCADE UTILITIES, INC.

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	2. 120		
ISSUED:	December 22, 1997	EFFECTIVE:	January 1, 1998
ISSUED BY:	CASCADE UTILITIES, INC	TITLE:	Vice President
BY:	Brenda Crosby		

CASCADE UTILITIES, INC.

LOCAL SERVICE

LOCAL ACCESS LINE RATES

RECEIVED

DEC 0 3 2001

PUC Utility Program

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
- Access to operator services
- O Access to interexchange services, unless toll blocking is chosen
- 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	*	С
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		С

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.

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ADVICE NO. 131

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

ISSUED BY: CASCADE UTILITIES, INC. TITLE: Vice President

BY: Brenda Crosby

CASCADE UTILITIES, INC.

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.	120		
ISSUED:	December 22, 1997	EFFECTIVE:_	January 1, 1998
ISSŲĘD BY:	CASCADE UTILITIES, INC.	· TITLE:	Vice President
BY:	Brenda Crosby		• .

CASCADE UTILITIES, INC.

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. Within the Exchange are base rate areas, suburban areas and, occasionally, supplementary base rate areas. Trunks, one and two-party service are provided in the base rate areas and supplementary base rate areas normally and in the suburban areas with additional charges. Multi-party service is provided normally in the surburban areas and not offered in the base rate area.

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 payphone 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 premise equipment (CPE) premise inside wire is excluded.

Long distance charges will apply on any calls placed with the assistance of an operator or if the DDD code is dialed.

ADVICE NO. 118

ISSUED

February 14, 1997

EFFECTIVE April 15, 1997

ISSUED BY CASCADE UTILITIES, INC

TITIE Vice Precident

BY Brenda Crosby

THE THE

Public Notices

IMPORTANT NOTICE FROM CASCADE UTILITIES INC. dba RELIANCE CONNECTS

Reliance Connects 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: \$16.74

-Single Party Business Service: \$32.22

-Federal Subscriber Line Charge - Single Line: \$6.50 -Directory Assistance: Charges are based on your inter-exchange provider's

-Touch Tone Service: Touch Tone Service is provided as a part of local service rate.
-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 Reliance Connects service territories at the rates, terms and conditions specified in our Company's local tariff. If you have any questions regard-

please call us at 503-630-4202.
As published in Estacada News
Dec. 12, 2007.

ing the company's services,

IN THE CIRCUIT COURT FOR THE STATE OF OREGON FOR THE COUNTY OF CLACKAMAS

in re the matter of the Estate of CARL A. FISHER, Deceased Case No. P06 01 052

INFORMATION TO HEIRS

TO: THE HEIRS of the

above-named decedent:

Julie Harris 350 13th Street, #301 Salem, Oregon 97301

Mike Fisher 2817 SE 115th Portland, OR 97266

David Fisher 1529 NE 66th, #235 Portland, OR 97213

Patrick Fisher 10901 SE Powell #6 Portland, OR 97202

Tom Fisher 854 NE Paloma Gresham, OR 97030

The following information is given to you as an heir of the above-named decedent who died on April 29, 2005.

As you are aware, estate proceedings in the decedent's estate, bearing the clerk's file number P06 01 052, have been commenced and are now pending in the above-entitled

court. Julie Harris was duly appointed and is now servina as personal representative of the estate. So far as known, the decedent left no will and none has been proved in the proceedings. Your rights may be affected by this proceeding; additional information may be obtained from the records of the court, the undersigned personal representative, or the lawver for the personal representative. The names and addresses of the personal representative and the lawyer for the personal representative are:

Personal Representative: Julie Harris 350 13th Street, Room 301 Salem, Oregon 97301

Personal Representative Attorney: Howard W. Collins 1415 Commercial Street SE Salem, Oregon 97302

ORS 113.075 provides that any person may assert an interest in the estate for the reason that there exists a will that has not been alleged in the petition or that the decedent agreed, promised, or represented that the decedent would make a will or devise. Such an action must be commenced before the later of four months after the

date of delivery or mailing of the information described in ORS 113.145, or four months after the first publication of notice to interested persons. If you contemplate asserting any of the rights described in this paragraph, those rights may be barred unless you proceed as provided in ORS 113.075 within the specified time period. DATED: November 21, 2007 Howard W. Collins, OSB #81190

As published in Estacada News on Nov. 21, 28, Dec. 5 and 12, 2007.

Attorney for Personal

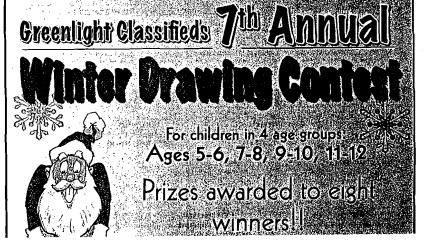
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