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State Of WASH. UTIL. AND TRANSP. COMMISSION



PO Box 609 Mount Vernon, OR 97865-0609 1-888-383-4132

June 10, 2020

Mr. Mark L Johnson, Executive Director and Secretary Washington Utilities and Transportation Commission 1300 South Evergreen Park Drive SW Olympia, WA 98504-7250

RE: FCC CAF ICC Recovery FCC ARC Charges FCC Local Rate Floor Plan

Dear Mr. Johnson:

Skyline Telecom, Inc. hereby submits the CAF ICC Recovery, ARC Charges and Local Rate Floor Plan information required in Docket UT-200003. A pdf of all information is attached as native report formats are not available.

Please contact me if you should require any further information.

Sincerely,

Delinda Kluser Vice-Pres, Manager deedeek@otcconnections.net 541-932-4411

Study Area: SKYLINE TELECOM COMPANY (ID: 520581)

Summary Report for Study Area ID 520581 - For data collected during year 2020 Test Period 2020-2021

Interstate Revenues Eligible Recovery Data

| | | Study Area Amounts |
|------|---|--------------------|
| н | TY 2011-2012 Frozen Interstate Switched Access Revenue Requirement excluding Pool Administration Expenses | \$258.187.00 |
| 7 | Projected TY 2020-2021 Interstate Switched Access Revenue Requirement + Pool Administration Expenses | \$169.398.10 |
| က | Current TY 2019-2020 Interstate Terminating Switched Access End Office Rate = \$0.0007 | \$0.000700 |
| 4 | Proposed July 1, 2020 Interstate Terminating Switched Access End Office Rate = $\$0.0000$ | 00000000\$ |
| ιc | TY 2019-2020 Total Interstate Switched Access Composite Rate incl Rate Impact due to Changes in Pool Participation | \$0.026029 |
| 9 | Projected TY 2020-2021 Total Interstate Local Switching Minutes | 120,000 |
| 7 | Projected TY 2020-2021 Total Interstate Switched Access Revenue at the Current Rate | \$3,123,48 |
| ∞ | Projected TY 2020-2021 Interstate Terminating Switched Access End Office (Local Switching) Minutes | 66,408 |
| თ | Projected TY 2020-2021 Interstate Terminating Switched Access End Office Revenue at Current Rate | \$46,49 |
| 10 | Projected TY 2020-2021 Interstate Terminating Switched Access End Office Revenue at Proposed Rate | \$0.00000 |
| 11 | Adjustments to the Total Projected TY 2020-2021 Interstate Switched Access Revenue | \$46.49 |
| 12 | Projected TY 2020-2021 Total Interstate Switched Access Revenue at the Proposed Rate | \$3,076.99 |
| 13 | Projected TY 2020-2021 Allocated Interstate Switched Access Revenue | \$38,136.14 |
| 14A | Adjustments to the 2011-2012 Interstate Switched Access Revenue Requirement to Avoid Double Recovery | \$0.00 |
| 14B | No double recovery option is selected | N control |
| 14C1 | Adjustment in 2011-2012 Interstate Special Access Revenue Requirement Related to Double Recovery | \$0.00000 |
| 14C2 | Adjustment in 2011-2012 Interstate Common Line Revenue Requirement Related to Double Recovery | \$0.00000 |
| 14C3 | Adjustment in 2011-2012 Other Related to Double Recovery | \$0.00000 |
| 14 | Projected TY 2020-2021 Interstate Eligible Recovery | \$131,261.96 |
| 14D | True-Up Adjustments for TP2017-2018 and TP2018-2019 to avoid Double Recovery | \$0.00 |
| 14E | Adjusted TY 2020-2021 Interstate Eligible Recovery | \$131,261.96 |
| 15 | Proposed TY 2020-2021 Total Interstate Switched Access Composite Rate | \$0.025642 |
| 16 | FY 2019 (October 1, 2018 - September 30, 2019) Total Interstate Local Switching Minutes | 140,937 |
| 17 | TY 2020-2021 Growth Rate relative to FY 2019 | -8.78% |

Intrastate Revenues Eligible Recovery Data

| | EV 2011 (October 2010 through Contember 2011) Profession | |
|-------------------|---|-------------|
| Line 1 | I I ZULL (OCCUDE ZULU CITOUGII SEPCEMBER ZULL) RECEIVEd REVENUE INCIUDING COFFECTION OF EFFORS AND HAIO | \$89,448.00 |
| Line 2 | 95% of Total TY2020-2021 Revenue Requirement (95%^9 Line 1) | \$56,374.51 |
| (Option A) Line 3 | Current TY2020-2021 Intrastate Terminating Composite Rate | \$0.001140 |
| (Option A) Line 4 | Proposed TY2020-2021 Intrastate Terminating Composite Rate | \$0.000433 |
| (Option A) Line 5 | Projected TY2020-2021 Intrastate Terminating Local Switching Minutes | 108,000 |
| (Option A) Line 6 | (Option A) Line 6 Projected Total TY2020-2021 Intrastate Terminating Switched Access Service Revenue | \$46.76 |
| (Option A) Line 7 | (Option A) Line 7 FY 2019 (October 1, 2018 through September 30, 2019) Intrastate Terminating Local Switching Minutes | 148,935 |
| (Option A) Line 8 | (Option A) Line 8 TY2020-2021 Terminating Intrastate Local Switching Minutes Growth Rate | -16.78% |
| Line 10 | Test Year 2020-2021 Net settlement from the State Pool | \$0.00 |
| Line 11 | Test Year 2020-2021 State Terminating Access Support Rebalancing Fund Revenue | \$0.00 |
| Line 12 | Total Test Year 2020-2021 Projected Intrastate Terminating Switched Access Service Revenue | \$46.76 |
| Line 13A | Adjustments to FY2011 Received Revenue due to Halo Uncollectibles | \$0.00 |
| Line 13B | Correction of Errors Resulting in Downward Adjustments in FY2011 Received Revenue | \$0.00 |
| Line 13C | Adjustments to FY2011 Received Revenue to Avoid Double Recovery | \$0.00 |
| Line 13D | Correction of Errors Resulting in Upward Adjustments in FY2011 Received Revenue | \$0.00 |
| Line 13 | The Total TY 2020-2021 Intrastate Eligible Recovery | \$56,327.75 |
| Line 13E | True-Up Adjustment for Intrastate Terminating Switched Access in 2017-2018 and 2018-2019 for Double Recovery | \$0.00 |
| Line 13F | Adjusted TY2020-2021 Intrastate Eligible Recovery (Intrastate Data for Study Area 520581) | \$56,327.75 |

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Reciprocal Compensation Revenue Eligible Recovery Data

| | | CMRS Amount | NON CMRS Amount |
|-------------------|---|-------------|-----------------|
| Line 1/Line 10 | FY2011 (October 2010 through September 2011) Net Reciprocal Compensation Received Revenue | \$0.00 | \$0.00 |
| Line 2/Line 11 | TY 2020 - 2021 Terminating Reciprocal Compensation Minutes | 0 | 0 |
| Line 3/Line 12 | TY 2020 - 2021 Terminating Reciprocal Compensation Composite Rate | \$0.00 | \$0.025006 |
| Line 4/Line 13 | TY 2020 - 2021 Originating Reciprocal Compensation Minutes | 0 | 0 |
| Line 5/Line 14 | TY 2020 - 2021 Originating Reciprocal Compensation Composite Rate | \$0.00 | \$0.025006 |
| Line 6/Line 15 | TY 2020 - 2021 Terminating Reciprocal Compensation Revenue | \$0.00 | \$0.00 |
| Line 7/Line 16 | TY 2020 - 2021 Originating Reciprocal Compensation Expense | \$0.00 | \$0.00 |
| Line 8/Line 17 | TY 2020 - 2021 Net Forecasted Reciprocal Compensation Revenue | \$0.00 | \$0.00 |
| Line 9/Line 18 | TY 2020 - 2021 Net Reciprocal Compensation Revenue Requirement | \$0.00 | \$0.00 |
| Line 19/Line 20 | Eligible Recovery | \$0.00 | \$0.00 |
| Line 19A/Line 20A | Line 19A/Line 20A Downward Adjustments to FY2011 Net Reciprocal Compensation Received Revenue | \$0.00 | \$0.00 |
| Line 19B/Line 20B | Line 19B/Line 20B Upward Adjustments to FY2011 Net Reciprocal Compensation Received Revenue | \$0.00 | \$0.00 |
| Line 21 | Total Adjusted Reciprocal Compensation Eligible Recovery (CMRS Data for Study Area 520581) | \$0.00 | \$0.00 |

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5/21/2020

Test Period 2020-21 Lines Data

Test Year 2020-21 Single Line Business Lines

(Test Period Lines Data for Study Area 520581)

Exogenous Data

Regulatory-Fees Increment

NANPA Increment

Total Exogenous Costs

4

Test Year 2020-21 Multi-Line Business Lines

Telecommunications Relay Service Increment

\$0.00

(Exogeneous Data for Study Area 520581) \$0.00

\$0.00

\$0.00

Test Period 2018-19 True-Up Data Study Area Forecasted

Difference

Study Area Reported

| - 1 | | Amount | Amount | [Reported - Forecasted] |
|----------------|--|---|--------------|-------------------------|
| TY 201 | TY 2018-2019 Allocated Interstate Access Revenue | \$54,625.41 | \$51,159.63 | (\$3,465.78) |
| Total T | Total TY 2018-2019 Intrastate Terminating & Reciprocal Compensation Revenue | \$309.00 | \$1,760.00 | \$1,451.00 |
| Total Toservic | Total TY 2018-2019 Intrastate Terminating Switched Access Service Revenue | \$309.00 | \$1,760.00 | \$1,451.00 |
| Total | Total TY 2018-2019 Net Reciprocal Compensation Revenue | \$0.00 | \$0.00 | \$0.00 |
| TY 20 | TY 2018-2019 Residential ARC Revenue | \$2,056.32 | \$2,129.00 | \$72.68 |
| TY 20 | TY 2018-2019 SLB ARC Revenue | \$36.00 | \$18.00 | (\$18.00) |
| TY 20 | TY 2018-2019 MLB ARC Revenue | \$216.00 | \$140.00 | (\$76.00) |
| TY 20 | TY 2018-2019 Total Limited Imputed ARC Revenue | \$0.00 | \$0.00 | \$0.00 |
| TY 20 | TY 2018-2019 TRS Increment | \$0.00 | N/A | |
| TY 20 | TY 2018-2019 Regulatory Fees Increment | \$0.00 | N/A | |
| TY 20 | TY 2018-2019 NANPA Increment | \$0.00 | N/A | |
| Total | Total Exogenous Costs | \$0.00 | \$0.00 | \$0.00 |
| Net i | Net impact on Total Eligible Recovery | | | \$2,036.10 |
| TY 20 | TY 2018-2019 Eligible Recovery | \$200,297.06 | \$202,311.84 | \$2,014.78 |
| TY 20 | TY 2018-2019 CAFICC Support | \$197,988.74 | \$200,024.84 | \$2,036.10 |
| TY 20 | TY 2018-2019 Adjusted CAFICC Support | \$197,989.00 | \$200,024.84 | (\$2,648.04) |
| | (TP 18-19 True-up D | (TP 18-19 True-up Data for Study Area 520581) | | |

| | | ARC | | Rates - Test Period 2020-21 Pre-True-Up View | -21 Pre-True | -Up View | | | |
|-------------------------|---|--|--------------------|---|------------------|--------------------|---------|--------------------|----------------------|
| Exchang | Exchange/Zone Name | Residential Lines excluding Lifelines | Residential ARC | Residential ARC Revenue | SLB ARC | SLB ARC Revenue | MLB ARC | MLB ARC Revenue | Total ARC Revenue |
| Mt Hull | | 62 | \$2.72 | \$2,023.68 | | | | | |
| Silverton/Granite Falls | ite Falls | 19 | \$0.00 | \$0.00 | | | | | |
| Study Area Summary | ummary | 81 | | \$2,023.68 | \$3.00 | \$36.00 | \$3.00 | \$144.00 | \$2,203.68 |
| | | | (Pre True- | (Pre True-Up ARC Rates - for Study Area 520581) | udy Area 520581) | | | | |
| | | CA | F ICC - Test | F ICC - Test Period 2020-21 Pre-True-Up View | 21 Pre-True- | Up View | | | |
| Line ID | | | Ľ | Line Description | | | | Study Area Amounts | Amounts |
| 10 | Interstate Eligible Recovery | Recovery | | | | | | \$1 | \$131,261.96 |
| 20 | Intrastate Eligible Recovery | Recovery | | | | | | V) | \$56,327.75 |
| 30 | Reciprocal Compensation Eligible | nsation Eligible | Recovery | | | | | | \$0.00 |
| 40 | Interstate Local Switching Support for Price Cap Affliates or Estimated Duplicate LSS Costs in CAF II | witching Suppo | rt for Price Cap | Affiliates or Esti | mated Duplicat | e LSS Costs in | CAF II | | \$0.00 |
| 50 | Total Exogenous Costs | osts | | | | | | | \$0.00 |
| 09 | Total Eligible Recovery | very | | | | | | \$1 | \$187,589.71 |
| 80 | Residential ARC Revenue at the FCC Prescribed Rate | evenue at the F | CC Prescribed 1 | Rate | | | | | \$2,023.68 |
| 06 | SLB ARC Revenue at the FCC Prescribed Rate | at the FCC Pre | scribed Rate | | | | | | \$36.00 |
| 100 | MLB ARC Revenue at the FCC Prescribed Rate | at the FCC Pre | scribed Rate | | | | | | \$144.00 |

(Before TP 18-19 True-Up CAF ICC Data for Study Area 520581)

Total ARC Revenue CAF ICC Support

110

\$2,203.68 \$185,386.03

| | ARC | Rates - Test | Rates - Test Period 2020-21 Post-True-Up View | 21 Post-Tru | e-Up View | | | |
|-------------------------|---------------------------------------|--------------------|---|-------------------|--------------------|---------|--------------------|----------------------|
| Exchange/Zone Name | Residential Lines excluding Lifelines | Residential ARC | Residential ARC Revenue | SLB ARC | SLB ARC Revenue | MLB ARC | MLB ARC Revenue | Total ARC Revenue |
| Mt Hull | 62 | \$2.72 | \$2,023.68 | | | | | |
| Silverton/Granite Falls | 19 | \$0.00 | \$0.00 | | | | | |
| Study Area Summary | 81 | | \$2,023.68 | \$3.00 | \$36.00 | \$3.00 | \$144.00 | \$2,203.68 |
| | | (Filing View (Post | (Filing View (Post True-Up) ARC Rates - for Study Area 520581.) | for Study Area 52 | 0581) | | | |
| | CAFIC | C - Test Perio | CAF ICC - Test Period 2020-21 Post True-Un (Filing) View | st True-Un | (Filina) Vie | > | | |

| | CAF ICC - Test Period 2020-21 Post True-Up (Filing) View | |
|---------|--|--------------------|
| Line ID | Line Description | Study Area Amounts |
| | Test Period 2020-2021 Pre True-Up View | |
| 10 | Total Eligible Recovery (Pre-TrueUp) | \$187,589.71 |
| 30 | Residential ARC Revenue at FCC Prescribed Rate | \$2,023.68 |
| 40 | SLB ARC Revenue at FCC Prescribed Rate | \$36.00 |
| 20 | MLB ARC Revenue at FCC Prescribed Rate | \$144.00 |
| 09 | Total ARC Revenue (Pre-TrueUp) | \$2,203.68 |
| 20 | CAFICC Support (Pre-TrueUp) | \$185,386.03 |
| | Test Period 2018-2019 TrueUp | |
| 80 | Net Impact on Total Eligible Recovery | \$2,036.10 |
| | Test Period 2020-2021 Filing (Post True-Up) View | |
| 06 | Total Eligible Recovery (Post-TrueUp) | \$189,625.81 |
| 110 | Residential ARC Revenue at FCC Prescribed Rate | \$2,023.68 |
| 120 | SLB ARC Revenue at FCC Prescribed Rate | \$36.00 |
| 130 | MLB ARC Revenue at FCC Prescribed Rate | \$144.00 |
| 140 | Total ARC Revenue (Post-TrueUp) | \$2,203.68 |
| 150 | CAFICC Support (Post-TrueUp) | \$187,422.13 |

Revised CAF ICC Support with Imputed ARC Revenue for Consumer Broadband Loops

| | 2 <u>, 2</u> | 0 | o o |
|---------------------------|---|---------|---------------------------------|
| - TO 1 | IA1*D*12+B1*E*12 Imputed Residentifa ARC Revenue | \$0.0 | \$0.00 \$0.00 |
| ColE | Monthly Weighted Average Residential ARC at the Exchange level | | 0.00 |
| ColD | Residential ARC | 2.72 | N/A |
| ColC | [A1+B1] Total Projected Residential Broadband-only New Lines for CBOL Support | 0 | 0 |
| Col B1 | Projected Residential Broadband-only New Lines for CBOL Support | 0 | 0 |
| Col A1 | Projected Residential Broadband-only Lines for CBOL Support | 0 | 0 |
| Exchange/Zone (Plan) Name | | Mt Hull | Silverton Study Area Summary |

Broadband-only Business Lines Input Selection: Option A Company submitted projected Broadband-only SLB and MLB lines separately

| | | Total Voice ARC Revenue for TP 2028-21 | \$2,203.68 |
|-------|------|---|------------|
| | | Total Actual ARC Total Voice revenue Revenue for TP 2015-16 for TP 2020 | \$2,192.00 |
| ColP | 2 5 | [F+I+L] Total Imputed ARC Revenue | \$0.00 |
| Coll | 1 1 | [J*K*12] Imputed MLB ARC Revenue | \$0.00 |
| Col K | f i | MLB ARC | \$3.00 |
| ColJ | 1 | Projected MLB Broadband-only Lines | 0 |
| Coll | **** | [G*H*12] Imputed SLB ARC Revenue | \$0.00 |
| Col H | | SLB ARC | \$3.00 |
| ColG | - | Projected SLB Broadband-only Lines | 0 |
| | | | |

| Amount | \$187,422.13 | \$0.00 | \$0.00 | \$187,422.13 |
|------------------|---|---|---|--|
| Source | Prepopulated (Line 150 (Post True-Up) on the Eligible Recovery and CAFICC screen) | Columns on the table above | Revised ARC imputation following "Second Order on Reconsideration and Clarification" released on 2/16/2019. | Line 10 - Line 20A |
| Line Description | Test Period 2020-2021 CAF ICC Support | Total Test Period 2020-2021 Imputed ARC Revenue | Total Test Period 2020-2021 Imputed ARC Revenue following FCC 18-13 | Adjusted Test Period 2020-2021 CAF ICC Support |
| Line ID | 10 | 20 | 20A | 30 |

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| | | RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986 | LECTION - OMB Con | trol Number 306 | 9860-0 | |
|---------|---|---|--|--|---|------------------------------|
| Block 1 | Block 1 - Contact Information | | | | | |
| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | T OF TED | | RESPONSE | |
| - | Carrier Study Area Code | 6 numeric digits | ts 520581 | | | |
| 2 | Carrier Study Area Name | alpha characters | | SKYLINE TELECOM COMPANY | 1PANY | |
| က | Service Provider Identification Number | 9 numeric digits | its 143031039 | 039 | | |
| 4 | Residential Local Service Charge Effective Date | | 06/01/20 | 0 | | |
| 2 | Contact Name | alpha characters | | Kluser, Delinda | | |
| 9 | Contact Telephone Number (include area code) | | ts 541-932-4411 | 2-4411 | | |
| 7 | Sheet Number | numeric digit(s) | (S) | A COLUMN TOWNS OF THE REAL PROPERTY OF THE PRO | | |
| 80 | Total Number of Sheets | numeric digit(s) | (S | | | |
| | | Block 2- Residential L | Residential Local Service Rates, Fees, and Line Counts | s, and Line Count | S | |
| | Column 1 Residential Local State Subscriber Service Charge Line Charge | Column 3 State Universal Service Fee | Column 4 Manditory Extended Area Service Charge | Column 5 Loops | Column 6 Exchange Name/ Zone Name | Column 7 Class Of Service |
| σ | | | | | | |

TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate. |
|---|
| Name of Reporting Carrier: SKYLINE TELECOM COMPANY |
| Delinda Kluser Kluser, email=deedeek@otcconnections.net,O=skyline telecom company,I=Mt. Vernon OR 97865-0609, Date: 5/15/2020 |
| Printed name of Authorized Officer: Delinda Kluser |
| Title or position of Authorized Officer: Vice President, Manager |
| Telephone number of Authorized Officer. 541-932-4411 |
| Study Area Code of Reporting Carrier 520581 Filing Due Date for this 6/16/2020 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

| Certific | ation of Officer to Author | ize an Agent | Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier | Reporting Carrier | | |
|---|---|---|---|--|-------|-----------|
| I certify that (Name of Agent) behalf of the reporting carrier. I also accuracy of the data provided to the | National Exchange Ca certify that I am an officer o | arriers Assoc f the reporting ne best of my k | I certify that (Name of Agent) National Exchange Carriers Association, Inc. behalf of the reporting carrier, I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knwoledge, the actual data provided to the Authorized | formation reported on suring the the Authorized | | |
| Name of Authorized Agent : | National Exchange Carriers Association, Inc. | arriers Assoc | siation, Inc. | | | |
| Name of Reporting Carrier: | SKYLINE TELECOM COMPANY | COMPANY | | | | |
| Signature of Authorized Officer: | Delinda Kluser | | Digitally signed by Delinda Kluser DN:cn=Delinda Kluser, email=deedeek@otcconnections.net, O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/15/2020 | r DN:cn=Delinda ections.net,O=skyline DR 97865-0609, | Date: | 5/15/2020 |
| Printed name of Authorized Officer: | | Delinda Kluser | Iser | | | |
| Title or position of Authorized Officer: | j. | Vice Pres | Vice President, Manager | | | |
| Telephone number of authorized off | officer: | 541-932-4411 | 1411 | | | |
| Study Area Code of Reporting Carrier | er 520581 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2020 | | |
| Persons willfully ma 47 U.S.(| king false statements on thi C. §§ 502, 503(b), or fine or i | is form can be mprisonment L | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | e Communications Act of 1934, e, 18 U.S.C. § 1001. | ح. | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recc I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to re CAF ICC support requested pursuant to §51.917(f). | f Officer for Rate-of-Red that, to the best of my F51.917(d) and Access Ree | Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery reporting carrier and that, to the best of my knowledge, the reporting carrier on this form Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the ant to §51.917(f). | Recovery form to receive the | | |
|---|---|---|---|-------|-----------|
| Name of Reporting Carrier: SKYLINE TE | SKYLINE TELECOM COMPANY | | | | |
| Signature of Authorized Officer or employee: | Delinda Kluser | Digitally signed by Delinda Kluser DN:cn=Delinda Kluser, email=deedeek@otcconnections.net, O=skyline telecom company, I=Mt. Vernon OR 97865-0609, Date: 5/15/2020 | DN:cn=Delinda cctions.net,O=skyline R 97865-0609, | Date: | 5/15/2020 |
| Printed name of Authorized Officer or employee: | Delinda Kluser | user | | | |
| Title or position of Authorized Officer or employee: | Vice Pre | Vice President, Manager | | | |
| Telephone number of Authorized Officer or employee: | ee: 541-932-4411 | 4411 | | | |
| Study Area Code of Reporting Carrier | 520581 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2020 | | |
| Persons willfully making false statem 47 U.S.C. §§ 502, 503(b), | lents on this form can be or fine or imprisonment | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | e Communications Act of 193 3, 18 U.S.C. § 1001. | 4, | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recover I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii). | on of Officer for R ier and that, to the b any Eligible Recove | ate-of-Retu lest of my ki ery subject t | Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery porting carrier and that, to the best of my knowledge, the reporting carrier is not seeking sdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii). | e Recovery seeking .917(d)(vii). | | |
|--|--|---|---|--|-------|-----------|
| Name of Reporting Carrier: SKYLIN | SKYLINE TELECOM COMPANY | OMPANY | | | | |
| Signature of Authorized Officer or employee: | Delinda Kluser | user | Digitally signed by Delinda Kluser DN:cn=Delinda Kluser, email=deedeek@otcconnections.net, O=skyline telecom company,I=Mt. Vernon OR 97865-0609, Date:5/15/2020 | r DN:cn=Delinda ections.net,O=skyline DR 97865-0609, | Date: | 5/15/2020 |
| Printed name of Authorized Officer or employee: | | Delinda Kluser | ser | | | |
| Title or position of Authorized Officer or employee: | | Vice Pres | Vice President, Manager | | | |
| Telephone number of Authorized Officer or employee: | | 541-932-4411 | 411 | | | |
| Study Area Code of Reporting Carrier | 520581 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2020 | | E total |
| Persons willfully making false : 47 U.S.C. §§ 502, 5 | statements on this fo 03(b), or fine or imp | orm can be prisonment u | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | ne Communications Act of 1 le, 18 U.S.C. § 1001. | 1934, | |

| Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data | | | | | | | | |
|--|--|--|--|--|-------|------------|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported and, to the best of my knowledge, the information reported on this form is accurate. | | | | | | | | |
| Name of Reporting Carrier: | SKYLINE TELECOM CO. | | | | | | | |
| Signature of Authorized Officer: | Digitally signed by Delinda Klus Klusor,email=deedeok@otcconr CO.,I=,Date:05/27/2020 | | | | Date: | 05/27/2020 | | |
| Printed name of Authorized Officer: | Printed name of Authorized Officer: Delinda Kluser | | | | | | | |
| Title or position of Authorized Officer Vice President, Manager | | | | | | | | |
| Telephone number of Authorized Officer 541-932-4411 | | | | | | | | |
| Study Area Code of Reporting Carrier | 520581 Filing Due Date for this form (mm/dd/yyyy) 07/01/2020 | | | | | | | |
| | upport) during the period | | h Cost Loop Support (or Frozen High through June 2021, but has no month | | | on | | |

Locations Certified

Deployment Year: 2019

Record(s): 17 Locations: 10

Holding Company Name: North-State Telephone Co.

Confirmation No.: **CERT00000000012896**Certified on: February, 27 2020 at 07:37:12 PM

The above referenced locations have been successfully certified. Please save the confirmation number above. If you have questions or concerns about this certification, referencing this number will help when you contact us (mailto:hubboperationssupport@usac.org).

Skylve 520581