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State of Washington Utilities and Transportation Commission P. O. Box 47250 Olympia, WA 98504-7250

 ${
m MOSS ext{-}ADAMS}_{\scriptscriptstyle
m LLP}$

Certified Public Accountants | Business Consultants

RE: WC Docket No. 10-90: Administration of Connect America Fund Intercarrier Compensation Replacement §54.304(d)(1), Annual Reporting Requirements §54.313(h)(i), Transition of Carrier Access Charges §51.909, and Eligible Revenue Recovery § 57.917(d)(vii)

Moss Adams LLP respectfully files on behalf of The Toledo Telephone Company, Inc. with the Washington Utilities and Transportation Commission this Request for Confidential Treatment of Information (the "Request"). The Request seeks confidential treatment of certain financial and subscriber information contained in its filings that include the projected eligibility for CAF ICC funding for July 1, 2017 through June 30, 2018, Tariff Review Plan (TRP) data governing the local switched access rates and Local Rate Floor Data. This request is made pursuant to WAC 480-07-160.

Pursuant to 47 C.F.R. §54.304(d)(1) of the Federal Communications Commission's rules, enclosed please find the projected eligibility for CAF ICC funding for July 1, 2017 through June 30, 2018 for The Toledo Telephone Company, Inc., Study Area Code 522447. This projection includes any true-ups associated with earlier filing periods. This projection has also been filed with the Federal Communications Commission and the Universal Service Administrative Company, as the administrator of the Federal Universal Service Fund.

In addition The Toledo Telephone Company, Inc. includes its Local Rate Floor Data certifications and associated reporting as required in 47 C.F.R. §54.313 (h)(i). As previously filed in accordance with 47 C.F.R. §51.909 governing Carrier Access Charges; The Toledo Telephone Company, Inc. provides supplemental TRP data. Lastly copies of annual certifications regarding CAF ICC Data reported to the Federal Communications Commission specifically required for Double Recovery as specified in 47 C.F.R. §57.917 (d)(vii) are included with this filing.

Following this filing will be an original printed on yellow-colored paper stamped "Confidential per WAC 480-07-160," which has been placed in a sealed envelope, along with one redacted copy. This information, submitted in a sealed envelope, stamped confidential can be reviewed by the Commission staff. Native files are not available for this compliance filing.



State of Washington Utilities and Transportation Commission June 16, 2017 Page 2

Public disclosure of such information would likely cause substantial harm to the financial position of the Company.

Should you have any questions regarding this filing, please contact me at 509.777.0137 or tym.rutkowski@mossadams.com.

Sincerely,

Tym Rutkowski, Regulatory Consulting Manager for

Moss Adams LLP

Enclosures

cc: Mr. Phillip G. Cappalonga (Via-Email)



2017 CAF ICC Data Collection

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Logged in User: Jaye Rishard

Study Area: TOLEDO TELEPHONE CO (ID: 522447)

Intrastate Revenues (FCC TRP exhibit)

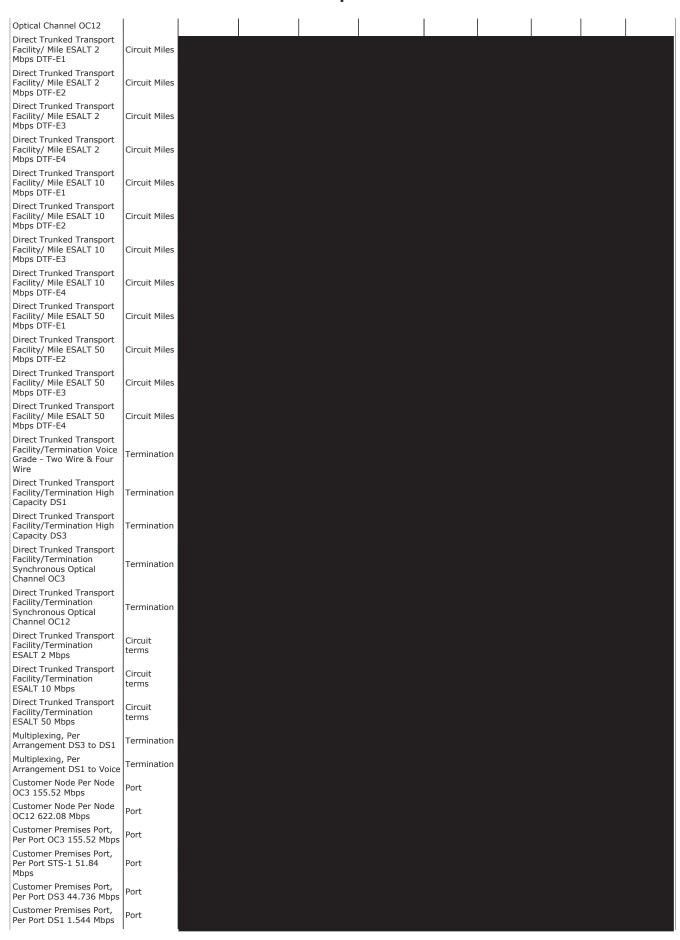
Option 1: View TRP Output in Excel
Option 2: Download TRP Data in Excel

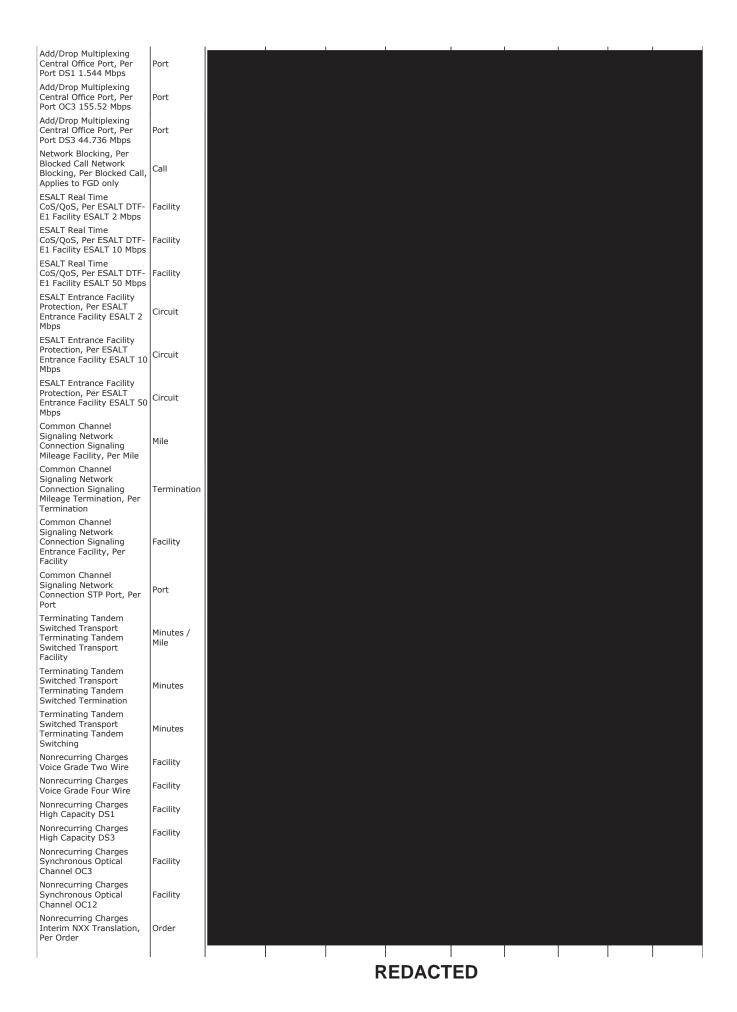
Intrastate Revenues

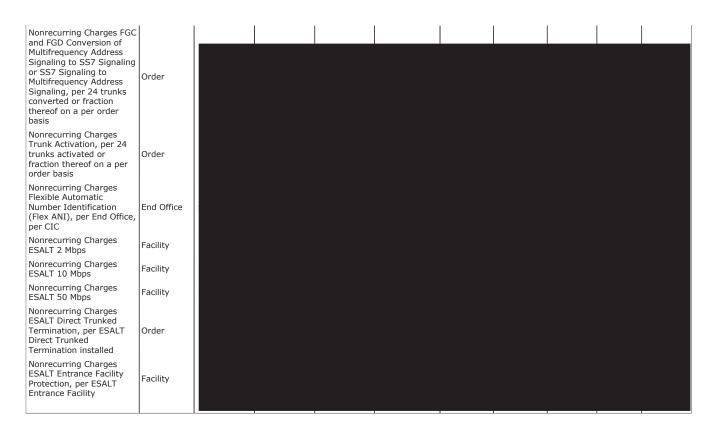
Test Year 2017-2018 Expected Maximum Intrastate Revenue:

| Col D | Col E | Col F | Col G | Col H | Col I | Col J | Col K | Col L | Col M | Col N |
|--|-------------------|--------------------------------|---|--|--|---|---|---|---|---|
| - | | | | | | H*I | | | [(L/K)^ | H*L |
| Rate Element Description | Unit of Demand | 7/1/2017 Interstate Rate | Test Year 2016-2017 Current Intrastate Rate | 7/1/2017 Proposed Intrastate Rate | FY 2011 Intrastate Units: Terminating for Non-Dedicated or Originating and Terminating for Dedicated Elements | Intrastate Price-out with 7/1/2017 proposed intrastate rate and FY2011 Demand | FY 2016 Intrastate Units: Terminating for Non- Dedicated and total for Dedicated Elements | Test Year 2017-2018 Forecasted Intrastate Units | (12/21)-1] *100 Intrastate Units Growth Rate % | TY 2017-18 Forecasted Intrastate Revenue |
| Terminating End Office Access Service | | | | | | | | | | |
| Terminating End Office, Premium, per access minute | MOU | | | | | | | | | |
| Terminating End Office Access Service Terminating End Office, Non-Premium, per access minute | MOU | | | | | | | | | |
| Entrance Facility, Per Termination Voice Grade Two Wire | Termination | | | | | | | | | |
| Entrance Facility, Per Termination Voice Grade Four Wire | Termination | | | | | | | | | |
| Entrance Facility, Per Termination High Capacity DS1 | Termination | | | | | | | | | |
| Entrance Facility, Per Termination High Capacity DS3 | Termination | | | | | | | | | |
| Entrance Facility, Per Termination Synchronous Optical Channel OC3 | Termination | | | | | | | | | |
| Entrance Facility, Per Termination Synchronous Optical Channel OC12 | Termination | | | | | | | | | |
| Entrance Facility, Per Termination ESALT 2 Mbps | Circuit | | | | | | | | | |
| Entrance Facility, Per Termination ESALT 10 Mbps | Circuit | | | | | | | | | |
| Entrance Facility, Per Termination ESALT 50 Mbps | Circuit | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile Voice Grade - Two Wire & Four Wire | Mile | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile High Capacity DS1 | Mile | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile High Capacity DS3 | Mile | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile Synchronous Optical Channel OC3 | Mile | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile Synchronous | Mile | | | | | | | | | |

Confidential per WAC 480-07-160







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2017 CAF ICC Data Collection

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Study Area: TOLEDO TELEPHONE CO (ID: 522447)

Study Area USAC Reports

[View Printer-friendly report]

2017 USAC Data Report (Test Period 2017-2018)

CONNECT AMERICA FUND

Data to be provided to USAC/FCC in June 2017 for CAF ICC Purposes

| | Test Period 7/1/17-6/30/18 Post True-up (Filing) View | |
|----------|--|---|
| | Rate-of-Return (ROR) Carrier Revenue Requirement | |
| 1 | 2011 Interstate Switched Access Revenue Requirement | |
| 2 | FY 2011 Intrastate Terminating Switched Access Revenues | - |
| 3 | FY 2011 Net Reciprocal Compensation Revenues | |
| 4 | 2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3) | |
| 5 | ROR Carrier Baseline Adjustment Factor (0.95 ^ 6) | |
| 6 | ROR Carrier Revenue Requirement (Line 4 x Line 5) | |
| 7 | Pool Administration Expenses | |
| 8 | Total ROR Carrier Revenue Requirement (Line 6 + Line 7) | |
| | Revenues from Reformed Intercarrier Compensation (ICC) Rates | |
| 9 | Interstate Switched Access Revenues | |
| 10 | Interstate Allocated Switched Access Revenues# | |
| 11 | Transitional Intrastate Access Service Revenues | |
| 12 | Net Transitional Reciprocal Compensation Revenues | |
| 13 | Total ICC Revenue (Line 10 + Line 11 + Line 12) | |
| | Eligible Recovery | |
| 14 | TRS Increment | |
| 15 | Regulatory Fees Increment | |
| 16 | NANPA Increment | |
| 17 | Interstate Local Switching Support for Price Cap Affiliates | |
| 18 | Adjustment for Double Recovery or Corrections | |
| 19 | Test Period 15/16 Trueup - Net Impact on Total Eligible Recovery | |
| 20 | Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17) | |
| | Revenues from Access Recovery Charges (ARC) | |
| 21 | Residential ARC Revenues | |
| 22 | Single Line Business ARC Revenues | |
| 23 | Multi-Line Business ARC Revenues | |
| 24 | Total ARC Revenues (Line 21 + Line 22 + Line 23) | |
| | Connect America Fund (CAF) ICC Support** | |
| 25 | Connect America Fund (CAF) ICC Support (Line 20 - Line 24) | |
| | Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops | |
| | | |
| 26 27 | ARC Revenue Adjustment Adjusted Test Period 2017-2018 CAFICC Support (Line 25 - Line 26) | |

NOTES:
#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) * (Line 1/ Sum of Line 1 for all TS pool participants)
**NECA estimate provided for informational purposes only - actual to be calculated by USAC.

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Logged in User: Jaye Rishard

Study Area: TOLEDO TELEPHONE CO (ID: 522447)

Access Recovery Charges

Recalculate ARC Rates & CAF Support revenues

Test Period 2017-18 Pre-True-up View Test Period 2017-18 Post-True-Up (Filing) View

| | | Test Pe | eriod 2017-2 | 018 Post | True-Up | (Filing) Vi | ew | | | |
|---------------------------|--|--------------------|-------------------------------|--------------|------------|--------------------|--------------|------------|--------------------|----------------------|
| Exchange/Zone Name | Residential Lines excluding Lifelines | Residential ARC | Residential ARC Revenue | SLB Lines | SLB ARC | SLB ARC Revenue | MLB Lines | MLB ARC | MLB ARC Revenue | Total ARC Revenue |
| TOLEDO Study Area Summary | | | | | | | | | | |

REDACTED

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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. | rtification of Officer as to the richer; my responsibilities includition reported on this form is acc | Certification of Officer as to the Accuracy of the CAF ICC Data Reported grantier; my responsibilities include ensuring the accuracy of the actual data reprimation reported on this form is accurate. | orted ita reported; | | |
|---|---|---|--|-------|-----------|
| Name of Reporting Carrier: TOLEE | TOLEDO TELEPHONE CO | | | | |
| icer: | Philip Cappalonga | Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/18/2017 | palonga DN:cn=Philip dotel.com,O=toledo 2017 | Date: | 5/18/2017 |
| Printed name of Authorized Officer: | Philip Cappalonga | | | | |
| Title or position of Authorized Officer: | Chief Financial Officer | | | | |
| Telephone number of Authorized Officer: | 360-864-2004 | | | | |
| Study Area Code of Reporting Carrier | 522447 | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 | | |
| Persons willfully making false 47 U.S.C. §§ 502, | e statements on this form can b , 503(b), 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. | ne Communications Act of 193 e, 18 U.S.C. § 1001. | 4, | |

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

| Certific | cation of Off | icer to Authoriz | ze an Agent | Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier | f Reporting Carrier | | |
|---|-----------------------------------|--|--|---|---|-------|-----------|
| I certify that (Name of Agent) behalf of the reporting carrier. I also accuracy of the data provided to the | National certify that I | Exchange Cal am an officer of 1 Agent; and, to the | rriers Asso the reporting best of my l | I certify that (Name of Agent) 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 Isuring the | | |
| Agencis accurate. Name of Authorized Agent: | National | National Exchange Carriers Association, Inc. | riers Asso | ciation, Inc. | | | |
| Name of Reporting Carrier: | TOLEDO | TOLEDO TELEPHONE CO | 00: | | | | |
| Signature of Authorized Officer: | Philip C | Philip Cappalonga | | Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/18/2017 | onga DN:cn=Philip el.com,O=toledo telephone | Date: | 5/18/2017 |
| Printed name of Authorized Officer: | : • | | Philip Cappalonga | palonga | | | |
| Title or position of Authorized Officer: | er: | | Chief Fin | Chief Financial Officer | | | |
| Telephone number of authorized officer: | fficer: | | 360-864-2004 | 2004 | | | |
| Study Area Code of Reporting Carrier | rier | 522447 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 | | |
| Persons willfully m 47 U.S. | iaking false st .C. §§ 502, 50 | atements on this 3(b), or fine or in | s form can be nprisonment | 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. | he Communications Act of 193 le, 18 U.S.C. § 1001. | 34, | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certificati | ion of Officer fo | r Rate-of-Re | Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery | Recovery | | |
|---|--|------------------------------|--|---|-------|-----------|
| 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 receive the CAF ICC support requested pursuant to §51.917(f). | er and that, to the ery §51.917(d) an (f). | best of my k | knowledge, the reporting carrier on this covery Charge §51.917(e) and is eligibl | form e to receive the | | |
| Name of Reporting Carrier: TOLEDC | TOLEDO TELEPHONE CO | Е СО | | | | |
| Signature of Authorized Officer or employee: | Philip C | Philip Cappalonga | Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co, = , Date:5/18/2017 | onga DN:cn=Philip Bl.com,O=toledo telephone | Date: | 5/18/2017 |
| Printed name of Authorized Officer or employee: | 36 | Philip Cappalonga | palonga | | | |
| Title or position of Authorized Officer or employee: | yee: | Chief Fir | Chief Financial Officer | | | |
| Telephone number of Authorized Officer or employee: | nployee: | 360-864-2004 | 2004 | | | |
| Study Area Code of Reporting Carrier | 522447 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 | | |
| Persons willfully making false s 47 U.S.C. §§ 502, 50 | statements on thi | s form can be nprisonment | 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. | 934, | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certificatio | on of Officer for R | kate-of-Retu | Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery | e Recovery | | |
|--|---|--------------------------------|---|---|-------|-----------|
| 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). | ier and that, to the l any Eligible Recov | best of my kı ery subject t | nowledge, the reporting carrier is not or the recovery mechanism as per §51. | seeking 917(d)(vii). | | |
| Name of Reporting Carrier: TOLEDC | TOLEDO TELEPHONE CO | 00 | | | | |
| Signature of Authorized Officer or employee: | Philip Cappalonga | palonga | Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,I=, Date:5/18/2017 | onga DN:cn=Philip Bl.com,O=toledo telephone | Date: | 5/18/2017 |
| Printed name of Authorized Officer or employee: | | Philip Cappalonga | alonga | | | |
| Title or position of Authorized Officer or employee: | yee: | Chief Fin | Chief Financial Officer | | | |
| Telephone number of Authorized Officer or employee: | nployee: | 360-864-2004 | 2004 | | | |
| Study Area Code of Reporting Carrier | 522447 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017 | | |
| Persons willfully making false s 47 U.S.C. §§ 502, 5 | statements on this : 03(b), or fine or imp | form can be orisonment 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. | 934, | |

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Block 1 - Contact Information

| Carrier Study Area Code Carrier Study Area Code Service Provider Identification Number Residential Local Service Charge Eff Contact Name Contact Telephone Number (include ar Sheet Number Total Number of Sheets Column 1 Column 1 Service Charge Line Cl | FORMAT OF REQUESTED RESPONSE DATA | te mm/dd/yy alpha characters 9 numeric digits | numeric digit(s) numeric digit(s) Block 2- Residential Local Service Rates, Fees, and Line Counts | Subscriber State Universal Manditory Loops Exchange Name/ Column 7 Service Fee Extended Area Service Charge |
|---|-----------------------------------|---|---|--|
| rier Study Area Corrier Study Area Covice Provider Iden Sidential Local Select Number Iden Number of Sheet Number of Sheet Number of Sheet Number Column 1 Residential Local Service Charge | | ective Date | Sheet Number of Sheets numeric digit(s) Total Number of Sheets Block 2- Residential Local Service Ra | State Subscriber State Universal Line Charge Service Fee |

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.

| Signature of authorized officer | han linn | L | | Date 6/12/2017 |
|--|-----------------------|--|------------|--|
| Printed name of authorized officer Phil | ip G/Cappalonga | Ju | | AND THE PERSON NAMED OF TH |
| Title or position of authorized officer CF | O | | | |
| Telephone number of authorized officer: | (360), 864-2004, ext. | | | |
| Study Area Code of Reporting Carrier | 522447 | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2017 | |