

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	522442
2	Carrier Study Area Name	alpha characters	ST. JOHN TELEPHONE, INC.
3	Service Provider Identification Number	9 numeric digits	143002603
4	<b>Residential Local Service Charge Effective Date</b>	mm/dd/yy	06/01/18
5	Contact Name	alpha characters	Trump, Eric
6	Contact Telephone Number (include area code)	9 numeric digits	509-648-3322
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

**Block 2- Residential Local Service Rates, Fees, and Line Counts**

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	18.00	0.00	0.00	0.00	341	St. John	Residential
10	18.00	0.00	0.00	0.00	8	St. John	Lifeline

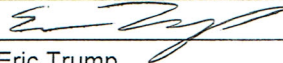
Rate Floor Template

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 St. John Telephone, Inc.

Signature of authorized officer



Date 06/14/2018

Printed name of authorized officer Eric Trump

Title or position of authorized officer General Manager

Telephone number of authorized officer: (509) 648-3322 ext.

Study Area Code of Reporting Carrier

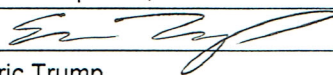
522442

Filing Due Date for this form  
(mm/dd/yyyy)

07/01/2018

Rate Floor Data

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

<p><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on 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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>St. John Telephone, Inc.</u>			
Signature of authorized officer 			Date <u>06/14/2018</u>
Printed name of authorized officer <u>Eric Trump</u>			
Title or position of authorized officer <u>General Manager</u>			
Telephone number of authorized officer: <u>(509) 648-3322</u> ext.			
Study Area Code of Reporting Carrier	<u>522442</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2018</u>