

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	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/16
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

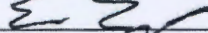
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	18.00	0.00	0.00	0.00	380	St. John	Residential
10	18.00	0.00	0.00	0.00	13	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 6/14/2016

Printed name of authorized officer Eric Trump

Title or position of authorized officer General Manager

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

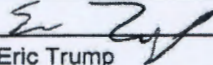
Study Area Code of Reporting Carrier 522442

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

07/01/2016

Rate Floor Data

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

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier			
<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>06/14/2016</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>07/01/2016</u>