

**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	522419
2	Carrier Study Area Name	alpha characters	HOOD CANAL TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002596
4	<b>Residential Local Service Charge Effective Date</b>	mm/dd/yy	07/01/16
5	Contact Name	alpha characters	Ogg, Brooke
6	Contact Telephone Number (include area code)	9 numeric digits	360-898-2481
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	629	Union	Residential
10	18.00	0.00	0.00	0.00	5	Union	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 Hood Canal Telephone Co., Inc.

Signature of authorized officer *Richard Buechel*

Date 06/14/2016

Printed name of authorized officer Richard Buechel

Title or position of authorized officer President

Telephone number of authorized officer: (360) 898-2481 ext.

Study Area Code of Reporting Carrier 522419

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:

<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>Hood Canal Telephone Co., Inc.</u>			
Signature of authorized officer <u>Richard Buechel</u>			Date <u>06/14/2016</u>
Printed name of authorized officer <u>Richard Buechel</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer: <u>(360) 898-2481</u> ext.			
Study Area Code of Reporting Carrier	<u>52219</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2016</u>