

July 1, 2016

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BY HAND

Mr. Steven V. King
Executive Director and Secretary
Washington Utilities and Transportation Commission
1300 South Evergreen Park Drive SW
Olympia, WA 98504-7250

RE: Docket No. UT-160029

Western Wahkiakum County Telephone Company

On behalf of Western Wahkiakum County Telephone Company ("Company"), accompanying this letter for filing by the Washington Utilities and Transportation Commission is the urban rate floor certification.

Sincerely,

Steven M. Appelo

President

Accompany documents



### **Local Rate Floor Data Collection**

Logged in User: Carol Larson



### Study Area - Exchange Level Data for Local Rate Floor

Your data submission was successful.

Please use the below links to print the submitted data.

### [ Print in PDF format] [ Print in Excel format]

Please use the below links to print the required certification forms.

### [ Agent Certification]

Data Certification (No Rates Less Than [\$21.93)

# Data Certification (With Rates Less Than [\$21.93)

The certifications must be signed by an officer of the company and sent to your NECA Region Member Service team no later than June 14, 2016. You will also need to submit this data to relevant state commissions, any relevant authority in a U.S. Territory, or Tribal governments, as appropriate per FCC Rule 54.313(h) and (i).

Back

Study Area List



### **Local Rate Floor Data Collection**

Logged in User: Carol Larson



Study Area: WESTERN WAHKIAKUM (ID: 522451)

Study Area List

#### Study Area - Exchange Level Data for Local Rate Floor

		D	ata Entry His	tory			
Data Collection	on Period: 20	1606 🗸	Data	Data Cert Print	An (No Rates Le ification (With Submitted Dat	gent Certifiess Than \$2 Rates Less \$2 ata in PDF f	21.93) 5 Than 21.93) format
	Name: [ Phone: [	Carol First Middle La 360-465-2216 clarson@wwes	[999-999	Larson	Submitted Dat	a iii Excel I	ormat
This data will Support.	is less than \$2	ne level rates a 21.93. Iculate the imp					Cost
Exchange Name/Zone Name	Class Of Service	Residential Local Service	Subscriber Line	State	Mandatory		(H) Resident Lines
Name/Zone Name		Local	Subscriber	State Universal	Mandatory Extended	Rate Total	Resident Lines
Name/Zone		Local Service	Subscriber Line	State Universal Service	Mandatory Extended Area Service	Rate Total Subject to Floor (Sum of	Resident Lines
Name/Zone Name	Service	Local Service Charge	Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Rate Total Subject to Floor (Sum of C-F)	Resident Lines
Name/Zone Name	Service	Local Service Charge	Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Rate Total Subject to Floor (Sum of C-F)	Resident Lines
Name/Zone Name GRAYS RIVER GRAYS RIVER	Service R1 LIFELINE	Local Service Charge	Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Rate Total Subject to Floor (Sum of C-F) 18.00	Resident Lines
Name / Zone Name  GRAYS RIVER  GRAYS RIVER  NASELLE  NASELLE  If the data form is  Check here if y Model Support in 2	R1  LIFELINE  R1  LIFELINE  left blank, selector company recompany recompany recompany recompany recompany recompany recompany is	Local Service Charge  18  18  18  18  18  rect one of the beceives or is projected to projected to	Subscriber Line Charge  0 0 0 10 cover below: ected to receive ges listed above receive High Cover	State Universal Service Fee  0 0 0 0 ditional row High Cost Loo less than \$2	Mandatory Extended Area Service Charge  0 0 0 s of data, click op Support or H	Rate Total Subject to Floor (Sum of C-F) 18.00 18.00 18.00 18.00 igh Cost	Resident Lines

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Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data	Certification of	Officer	as to the	Accuracy	of the	Data	Reported	for the	e Rate	Floor	Data
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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 VVESTER	7	COUNTY TELEPHONE COMP	7 0 4 1	
Signature of authorized officer	an m	mado		Date 06/8/2016
Printed name of authorized officer STE	VEN M. APPELO	/ /		
Title or position of authorized officer PF	RESIDENT			
Telephone number of authorized officer	(360), 465-2211 ext			
Study Area Code of Reporting Carner	522451	Filing Due Date for this form (mm/dd/yyyy)	07/01/2016	

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

I certify that National Exch	nange Camer Association	NECA	t to File Rate Floor Data		
include ensuring the accura actual rate floor data provid	acy of the actual rate flo led to the authorized ag	carrier. oor data jent is a	I also certify that I am an of provided to the authorized a ccurate.	ficer of the repor gent; and, to the	s authorized to submit ting carrier; my responsibilities best of my knowledge, the
			orted on this form on behalf the reporting carrier; and to	of the reporting of the best of my k	arrier; that I have provided nowledge the information
	Exchange Carrier Asso				
Name of Reporting Carrier WESTE	RN WAHKIAKUM	COU	NTY TELEPHONE CO	MPANY	
	to m	to	celo		Date 06/08/2016
Signature of authorized officer					
Signature of authorized officer  Printed name of authorized officer STE	EVEN M. APPELO	)//			
Printed name of authorized officer STE	EVEN M. APPELO				
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