

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 | 522426 |
| 2 | Carrier Study Area Name | alpha characters | KALAMA TELEPHONE COMPANY |
| 3 | Service Provider Identification Number | 9 numeric digits | 143002598 |
| 4 | Residential Local Service Charge Effective Date | mm/dd/yy | 07/01/14 |
| 5 | Contact Name | alpha characters | Vitzthum, Rick |
| 6 | Contact Telephone Number (include area code) | 9 numeric digits | 360-264-2915 |
| 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 | 14.00 | | | | 1,748 | Kalama | One Party Access Line |
| 10 | 14.00 | | | | 27 | Kalama | Lifeline |

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

I certify that National Exchange Carrier Association (NECA) 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.

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.

Name of Authorized Agent National Exchange Carrier Association (NECA)

Name of Reporting Carrier Kalama Telephone Company

Signature of authorized officer  Digitally signed by Rick Vitzthum
DN: cn=Rick Vitzthum, o, ou, email=rick@scattercreek.net, c=US
Date: 2014.06.10 11:02:50 -0700 Date June 10, 2014

Printed name of authorized officer Rick Vitzthum

Title or position of authorized officer Chief Financial Officer

Telephone number of authorized officer: (360) 264-2915 ext. _____

| | | | |
|--------------------------------------|---------------|---|--------------------|
| Study Area Code of Reporting Carrier | <u>522426</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>07/01//2014</u> |
|--------------------------------------|---------------|---|--------------------|

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 **Kalama Telephone Company**

Signature of authorized officer  Digitally signed by Rick Vitzthum
DN: cn=Rick Vitzthum, o=ktc, email=rickvitzthum@ktc.com, c=US
Date: 2014.06.17 07:50:37 -07'00' Date **June 17, 2014**

Printed name of authorized officer **Rick Vitzthum**

Title or position of authorized officer **Chief Financial Officer**

Telephone number of authorized officer: () - ext. **360-264-3155**

| | | | |
|--------------------------------------|---------------|--|-----------------|
| Study Area Code of Reporting Carrier | 522426 | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2014 |
|--------------------------------------|---------------|--|-----------------|