THE TOLEDO TELEPHONE CO., INC.

P.O. BOX 669, TOLEDO, WASHINGTON 98591

TELEPHONE 360-864-4552

STATE OF SUSA

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June 25th, 2012

Ms. Carole J. Washburn, Executive Secretary Washington Utilities and Transportation Commission 1300 South Evergreen Park Drive SW Olympia, WA 98504-7250

Re: Docket UT-123008 "Eligible Telecommunications Carriers' annual filings to the Federal Communications Commission pursuant to 47 C.F.R. § 54.313." Dear Ms. Washburn:

Pursuant to the above, The Toledo Telephone Co., Inc. ("Company") hereby files a copy of our Federal Filling with Washington State Utilities and Transportation Commission certify that the Company has met the requirements of 47. C.F.R. 54.313 for eligibility for continued receipt of federal high-cost funds.

Sincerely,

Dale Merten

Chief Operating Officer

June 18, 2012

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036 STATE OF SAME OF SAME

RECORDS MANAGEMENT

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for The Toledo Telephone Co., Inc., Study Area Code 522447. The Toledo Telephone Co., Inc. is a state-designated ETC, and as such, is submitting to the Commission relevant information from reports it files with its state commission for §54.313 (a)(2) through (a)(4).

Should you have any questions, please contact me via email at <u>dale@toledotel.com</u> or by phone at 360-864-2044.

Sincerely,

Dale Merten

C.O.O.

Enclosures

Cc: Washington Utilities and Transportation Commission

OUTAGE REPORTING - §54.313 (a)(2)

Detailed information on any outage in the prior calendar year, as that term is defined in 47 C.F.R. 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect (i) At least ten percent of the end users served in a designated service area; or (ii) A 911 special facility, as defined in 47 C.F.R. 4.5(e). 47 C.F.R. §54.313(a)(2).

Date of Outage	Time of Outage	Description of Outage and Resolution	Particular Services Affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected
		Qwest fiber cut				
		between				
		TOLDWAXA and				
		CSRKWA01				
		completely			Installed dual meet	
		isolating our	911,		point to PTLDOR69	
		office. Service	Operator,	Entire	via our own fiber	
6/28	10:00	restored at 18:56	SS7	exchange	bypassing Qwest	100%
						······································
						

UNFULFILLED SERVICE REQUESTS - §54.313(a)(3)

The number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. The carrier shall also detail how it attempted to provide service to those customers.

There were no unfilled requests for service during calendar year 2011.

NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS - §54.313(a)(4)

The number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year.

During calendar year 2011, The Toledo Telephone Co., Inc. received 0.0005 complaints per 1,000 working access lines.

§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES

Service Quality Standard	s and Consumer Protection Rules Annuc	al Certification
Dale Merten	Chief Operating Officer	The Toledo Telephone Company, Inc.
Printed Name of Of	ficer Title of Officer	Company Name
•	ovide this certification on behalf of to be with applicable service quality standa 06/18/12	he Company. I hereby certify that the ards and consumer protection rules.
Executed on	. (1 Date	
Signature	Dale Merten	
Printed/Typed Name	Date Werten	

§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

Dale Merten	Chie	ef Operating Officer	The Toledo Telephone Company, Inc.
Printed Name of O	fficer	Title of Officer	Company Name
I am authorized to pr	ovide this certi	fication on behalf of th	ne Company. I hereby certify that the
Company is capable of	functioning in e	mergency situations. Th	ne Company has a reasonable amount of
back-up power to ens	ure functionalit	y without an external p	power source, is able to reroute traffic
around damaged facilit	ies, and is capab	le of managing traffic sp	ikes resulting from emergency situations.
Executed on	06/18/12	and a state of the	
	12	Date	
Signature	- DW		
		Dale Merten	
Printed/Typed Name			

ADDITIONAL VOICE RATE DATA - §54.313(h)

All incumbent local exchange carrier recipients of high-cost support must report all rates for residential local service, as well as state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318 of this subpart, and the number of lines for each rate specified. Carriers shall report lines and rates in effect as of June 1.

As of June 1, 2012, The Toledo Telephone Co., Inc. did not have any rates for residential local service, as well as state fees as defined pursuant to §54.318(e), that are below the local urban rate floor as defined in §54.318.

<u>Interstate Common Line Support (ICLS)</u>

	· ·		2012-2013
Date	G/18/12		ICLS
То:	Office of Secretary Federal Communications Commission 445 - 12th Street, SW Washington, DC 20554		IOLO
	Karen Majcher Vice President - High Cost and Low Income I Universal Service Administrative Company 2000 L Street, NW, Suite 200 Washington, DC 20036 Hccerts@usac.org	Division	
Re:	CC Docket No. 96-45 Interstate Common Line Support - Annual Certification Filing	ICLS	
will use its	nertify that TUE TOLESO TELEDIN INTERSTATE COMMON LINE SUPPORT - I ding of facilities and services for which the sup	CLS only for the prov	
	rized to make this certification on behalf of the (s) listed below. (Please enter your Compan	y Name, State and S	
	Company Name	ICLS State	Study Area Code
	THE TO EBO TE EDUQUE CO., INC	ωA	522447
	(If necessary, attach a separate li	st of additional study	areas and check this box.)
Signed,	. (
Tel	of Authorized Representative]	Date: G	3/12
DALE	MERTEN		
-	ame of Authorized Representative]		
[Title of Au	thorized Representative		
Carrier's M			<u> </u>