



June 15, 2017

Mr. David W. Danner
Washington Utilities & Transportation Commission
1300 So. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250

Re: UT-170010 - 2017 Local Urban Rate Floor Data submitted electronically

Dear Mr. Danner:

Enclosed you will find Mashell Telecom, Inc.'s 2017 local urban rate floor data previously submitted to USAC. If you have any questions regarding this information feel free to call me at 360-832-4130.

Sincerely,

Danielle Clausen
Controller

Enclosures

www.rainierconnect.com

Eatonville Office:

P.O. Box 639 • 104 Washington Ave N
Eatonville, WA 98328
360.832.6161 • Fax 360.832.8817

Tacoma Office:

2516 Holgate St
Tacoma, WA 98402
253.683.4200 • Fax 253.683.4215

Centralia Office:

P.O. Box 683 • 1417 Kresky Ave Ste 1
Centralia, WA 98531
360.623.3278 • Fax 360.330.5102

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	522431
2	Carrier Study Area Name	alpha characters	MASHELL TELECOM INC.
3	Service Provider Identification Number	9 numeric digits	143002601
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	Clausen, Danielle
6	Contact Telephone Number (include area code)	9 numeric digits	360-832-4130
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				1,690	ETVLWAKS/Eatonville	Residential Flat
10	18.00				13	ETVLWAKS/Eatonville	Lifeline
11	18.00				266	KPWSWAXS/Kapowsin	Residential Flat
12	18.00				2	KPWSWAXA/Kapowsin	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 **Mashell Telecom, Inc.**

Signature of authorized officer  Date **6/12/17**

Printed name of authorized officer **Danielle Clausen**

Title or position of authorized officer **Controller**

Telephone number of authorized officer: **(360)832-4130** ext. _____

Study Area Code of Reporting Carrier	522431	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017
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