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*Skyline Telecom, Inc.*

PO Box 609  
Mount Vernon, OR 97865-0609  
1-888-383-4132

June 9, 2017

Mr Steven V King  
Executive Director and Secretary  
Washington Utilities and Transportation Commission  
PO Box 47250, MS: 47250  
Olympia, WA 98504-7250

RE: UT-160029

Dear Mr King:

Pursuant to 45 C.F.R 51.917, Skyline Telecom hereby submits our rate floor data based on the January 1, 2017 rates.

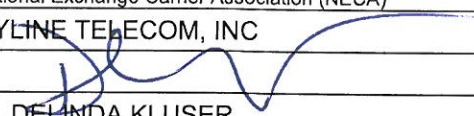


Sincerely,

Delinda Kluser  
Vice President/Manager

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			
<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>SKYLINE TELECOM, INC</u>			
Signature of authorized officer 			Date <u>6/8/17</u>
Printed name of authorized officer <u>DELINDA KLUSER</u>			
Title or position of authorized officer <u>VICE PRESIDENT/MANAGER</u>			
Telephone number of authorized officer: <u>(541) 932-4411</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>520581</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2017</u>

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				SKYLINE-TELECOM, INC	
Signature of authorized officer			Date		
Printed name of authorized officer			DELINDA KLUSER		
Title or position of authorized officer				VICE PRESIDENT/MANAGER	
Telephone number of authorized officer: (541) 932-4411 ext.					
Study Area Code of Reporting Carrier		520581	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017	

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	520581
2	Carrier Study Area Name	alpha characters	SKYLINE TELECOM COMPANY
3	Service Provider Identification Number	9 numeric digits	143031039
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	KLUSER, DELINDA A
6	Contact Telephone Number (include area code)	9 numeric digits	541-932-4411
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
19.50				78	MT HULL	RESIDENTIAL