



Skyline Telecom, Inc.

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State Of WASH.
UTIL. AND TRANSP.
COMMISSION

06/11/18 09:26

Received
Records Management

June 8, 2018

Mr. Mark Johnson
Executive Director and Secretary
Washington Utilities and Transportation Commission
PO Box 47250, MS 47250
Olympia, WA 98504-7250

RE: UT-180003

Pursuant TO 45 C.F.R. 51.917, Skyline Telecom hereby submits our rate floor data based on the June 1, 2018 rates.

Sincerely



Delinda Kluser
Vice President/Manager

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	06/01/18
5	Contact Name	alpha characters	Gill, Laura
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
25.00	0.00	0.00	0.00	18	GRANITE FALLS	RESIDENTIAL
19.50	0.00	0.00	0.00	63	MT HULL	RESIDENTIAL
19.50	0.00	0.00	0.00	3	MT HULL	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				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)	
				07/01/2018	
<input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2018 through June 2019, but has no monthly residential rates (plus charges as defined) less than \$25.50.					

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 <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.			
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 <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>SKYLINE TELECOM, INC</u>			
Signature of authorized officer 			Date <u>6/6/18</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>07/01/2018</u>