

June 5, 2018

Mr. Mark L. Johnson, Executive Director & Secretary Washington Utilities & Transportation Commission 1300 So. Evergreen Park Drive S.W. P.O. Box 47250 Olympia, WA 98504-7250

Re: UT-180003 - 2018 Local Urban Rate Floor Data submitted electronically

Dear Mr. Johnson:

Enclosed you will find Mashell Telecom, Inc.'s 2018 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

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	06/01/18
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 Manditory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	18.00				431	ETVLWAKS/Eatonville	Residential Flat
10	18.00				13	ETVLWAKS/Eatonville	Lifeline
11	18.00				105	KPWSWAXS/Kapowsin	Residential Flat
12	18.00				3	KPWSWAXS/Kapowsin	Lifeline

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									
Signature of authorized officer			Date						
Printed name of authorized officer									
Title or position of authorized officer									
Telephone number of authorized officer: () - , ext.									
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	07/01/2018							