

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	<i>6 numeric digits</i>	522419
2	Carrier Study Area Name	<i>alpha characters</i>	HOOD CANAL TELEPHONE COMPANY
3	Service Provider Identification Number	<i>9 numeric digits</i>	143002596
4	Residential Local Service Charge Effective Date	<i>mm/dd/yy</i>	06/01/19
5	Contact Name	<i>alpha characters</i>	Ogg, Brooke
6	Contact Telephone Number (include area code)	<i>9 numeric digits</i>	360-898-2481
7	Sheet Number	<i>numeric digit(s)</i>	
8	Total Number of Sheets	<i>numeric digit(s)</i>	

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							

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:
Hood Canal Telephone Co., Inc.

Signature of Authorized Officer:
Richard Buechel

Date:
06/11/2019

Printed name of Authorized Officer: Richard Buechel

Title or position of Authorized Officer
President

Telephone number of Authorized Officer
360- 898-2481 ext. 204

Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	07/01/2019	
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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 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00.