

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	522451
2	Carrier Study Area Name	alpha characters	WESTERN WAHIAKUM COUNTY TEL COMPANY
3	Service Provider Identification Number	9 numeric digits	143002607
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/19
5	Contact Name	alpha characters	Larson, Carol Ann
6	Contact Telephone Number (include area code)	9 numeric digits	360-465-2211
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							



(C)	(D)	(E)	(F)	(G)
Local Service Charge	Subscriber Line Charge	Universal Service Fee	Extended Service Area	Total
Study Area - Exchange Level Data for Local Rate Floor				Floor (Sum of C - F)

If the data form is left blank, select one of the boxes below:

- Check here if your 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 listed above) less than \$18.00 (**certification required**)
- Check here if your company is not 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.
- Check here if you plan to submit local rate floor data directly to USAC

Submit Response
 Reset Study Area
 Delete SA Data Collection

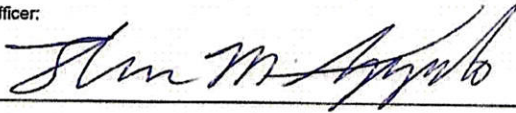
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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:

WESTERN WAHKIAKUM COUNTY TELEPHONE COMPANY

Signature of Authorized Officer:



Date:

06/03/2019

Printed name of Authorized Officer:

STEVEN M. APPELO

Title or position of Authorized Officer

PRESIDENT

Telephone number of Authorized Officer

360 465-2211

Study Area Code of Reporting Carrier

522451

Filing Due Date for this form (mm/dd/yyyy)

07/01/2019

X

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.