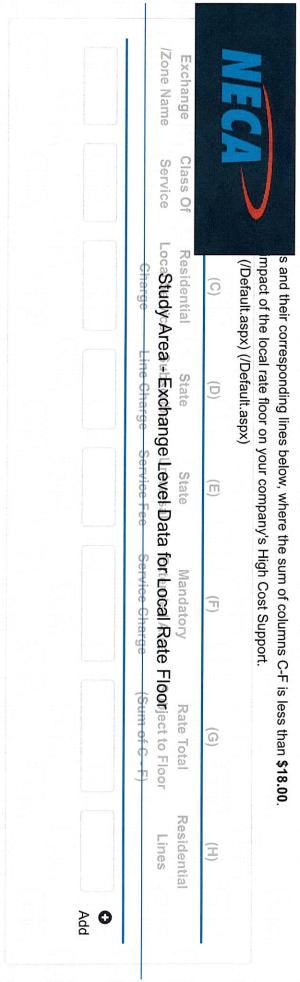
RATE FLOOR DATA COLLECTION - OMB Control Nu
CTION - OMB Control Number 3060-0986

Block 1 -	Block 1 - Contact Information						
ROW#	DATA ELEMENT	LEMENT	FORMAT OF REQUESTED	OF ED		RESPONSE	
			DATA				
	Carrier Study Area Code		6 numeric digits	522451			
2	Carrier Study Area Name		alpha characters	S WESTE	ERN WAHKIAKUM C	RN WAHKIAKUM COUNTY TEL COMPANY	
ω	Service Provider Identification Number	ation Number	9 numeric digits	143002607	2607		
4	Residential Local Service Charge Effective Date	e Charge Effective Date	mm/dd/yy	06/01/20	20		
5	Contact Name		alpha characters		LARSON, CAROL ANN		
6	Contact Telephone Number (include area code)	er (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	cal Service Rates, Fe	es, and Line Counts		
	Column 1 Residential Local	Column 2 State Subscriber	Column 3 State Universal	Column 4 Manditory	Column 5 Loops	Column 6 Exchange Name/	Column 7 Class Of Service
	Service Charge	Line Charge	Service Fee	Extended Area Service Charge		Zone Name	
9							



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 2020 through June 2021, 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 2020 through June 2021.
- ☐Check here if you plan to submit local rate floor data directly to USAC





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Exit (/Default.aspx)

Name of Reporting Carrier: WESTERN	N WAHKIAKUM	COUN	TY TELEPHONE CO	MPANY	
Signature of Authorized Officer:	MAIN	m	lo		Date: 5/28/2020
Printed name of Authorized Officer:	EVEN M. APPE	LO			
Fille or position of Authorized Officer	RESIDENT				
Felephone number of Authorized Officer 360	-465-2211				
Study Area Code of Reporting Carrier	522451		Filing Due Date for this form (mm/dd/yyyy)	07/01/2020	
I certify that our company red HCLS or High Cost Model St charges as defined) less that	upport) during the period J	ceive Hig uly 2020	n Cost Loop Support (or Frozen through June 2021, but has no n	High Cost Support I	hat is based on ates (plus