

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	06/01/17
5	Contact Name	alpha characters	Larson, Carol A
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)	

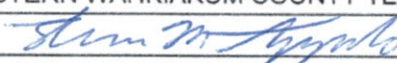
Block 2- Residential Local Service Rates, Fees, and Line Counts

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
18.00				327	GRAYS RIVER	R1
18.00				9	GRAYS RIVER	LIFELINE
18.00				513	NASELLE	R1
18.00				12	NASELLE	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.

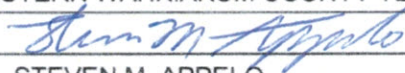
Name of Reporting Carrier					WESTERN WAHKIAKUM COUNTY TELEPHONE COMPANY						
Signature of authorized officer								Date		06/02/2017	
Printed name of authorized officer					STEVEN M. APPELO						
Title or position of authorized officer					PRESIDENT						
Telephone number of authorized officer:					(360) 465-2211 ext.						
Study Area Code of Reporting Carrier			522451		Filing Due Date for this form (mm/dd/yyyy)		07/01/2017				

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 National Exchange Carrier Association (NECA) 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				National Exchange Carrier Association (NECA)			
Name of Reporting Carrier				WESTERN WAHAKIAKUM COUNTY TELEPHONE COMPANY			
Signature of authorized officer					Date		06/02/2017
Printed name of authorized officer				STEVEN M. APPELO			
Title or position of authorized officer				PRESIDENT			
Telephone number of authorized officer: (360) 465-2211 ext.							
Study Area Code of Reporting Carrier		522451		Filing Due Date for this form (mm/dd/yyyy)		07/01/2017	