

**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	522426
2	Carrier Study Area Name	alpha characters	KALAMA TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002598
4	<b>Residential Local Service Charge Effective Date</b>	mm/dd/yy	06/01/18
5	Contact Name	alpha characters	Vitzthum, Rick
6	Contact Telephone Number (include area code)	9 numeric digits	360-264-2915
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	18.00	0.00	0.00	0.00	1,639	KALAMA	One Party Access Line
10	18.00	0.00	0.00	0.00	12	KALAMA	One Party Access Line - Life

Rate Floor Data

**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 Kalama Telephone Company

Signature of authorized officer  Digitally signed by Rick Vitzthum  
DN: cn=Rick Vitzthum, o=Scatter Creek LLC, ou, email=rick@scattercreek.net,  
c=US  
Date: 2018.06.01 16:24:06 -0700 Date 06/01/2018

Printed name of authorized officer Rick Vitzthum

Title or position of authorized officer Chief Financial Officer

Telephone number of authorized officer: (360) 264-2915 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<u>522426</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2018</u>
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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 **Kalama Telephone Company**

Signature of authorized officer  Digitally signed by Rick Vitzthum  
DN: cn=Rick Vitzthum, o=Kalama Telephone Company, ou=Kalama Telephone Company, email=rvitzthum@kalama.com, c=US  
Date: 2018.06.01 16:24:46 -0700 Date **06/01/2018**

Printed name of authorized officer **Rick Vitzthum**

Title or position of authorized officer **Chief Financial Officer**

Telephone number of authorized officer: **(360) 264-2915** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>522426</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>07/01/2018</b>	
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