

Local Rate Floor Data Collection

Logged in User: Robin Pickard



Study Area: CITY OF BROOKINGS (ID: 391650)

Study Area List

		Da	ta Entry Histo	Z1 Y			1
			Data (Certification	Age (No Rates Les	Instruct ent Certifica	tion
Data Collection Period	: 20	1506 ▼	Data		cation (With R		
	10						.22)
				Print Su	bubmitted Data	a in PDF for in Excel for	mat mat
Nar	no: 1	Robin		Pickard			1
inai		First Middle Last]					
Pho	ne:	605-692-6325	[999-999-99	99]			
Em	ail: I	rpickard@swifte	el-bmu.com				
This data will be used	to ca	alculate the imp	act of the loca	al rate floor	on your comp	any's High (Cost
Support. (B))	(C)	(D)	al rate floor	(F)	(G)	(H)
(A) (B) Exchange Class) Of	(C) Residential	(D) State	(E) State	(F) Mandatory	(G) Rate	(H) Residen
(A) (B) Exchange Class ame/Zone Servi) Of	(C) Residential Local	(D) State Subscriber	(E) State Universal	(F) Mandatory Extended	(G) Rate Total	(H)
(A) (B) Exchange Class) Of	(C) Residential Local Service	(D) State Subscriber Line	(E) State Universal Service	(F) Mandatory Extended Area	(G) Rate Total Subject	(H) Residen
(A) (B) Exchange ame/Zone Servi) Of	(C) Residential Local	(D) State Subscriber	(E) State Universal	(F) Mandatory Extended	(G) Rate Total	(H) Residen
(A) (B) Exchange ame/Zone Servi) Of	(C) Residential Local Service	(D) State Subscriber Line	(E) State Universal Service	(F) Mandatory Extended Area Service	(G) Rate Total Subject to Floor	(H) Residen
(A) (B) Exchange ame/Zone Servi) Of	(C) Residential Local Service	(D) State Subscriber Line	(E) State Universal Service	(F) Mandatory Extended Area Service	(G) Rate Total Subject to Floor (Sum of	(H) Residen
(A) (B) Exchange Class ame/Zone Servi) Of	(C) Residential Local Service	(D) State Subscriber Line	(E) State Universal Service Fee	(F) Mandatory Extended Area Service	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residen Lines
(A) Exchange Class Servi Name the data form is left bla) Of ice	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residen Lines
(A) Exchange lame/Zone Name the data form is left bla Check here if your com) Of ice	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residen Lines
(A) Exchange lame/Zone Name the data form is left bla Check here if your com	Of ice	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee [To enter addi	(F) Mandatory Extended Area Service Charge itional rows of data	(G) Rate Total Subject to Floor (Sum of C-F) dick on the +	(H) Residen Lines
(A) Exchange lame/Zone Name The data form is left bla Check here if your com lodel Support in 2015, but has no monthly res Check here if your com	of ice nk, se pany	(C) Residential Local Service Charge elect one of the breceives or is pro-	(D) State Subscriber Line Charge coxes below: jected to receive	(E) State Universal Service Fee [To enter addite High Cost Love) less than \$100.000	(F) Mandatory Extended Area Service Charge Itional rows of data pop Support or H	(G) Rate Total Subject to Floor (Sum of C-F) dick on the +	(H) Residen Lines
(A) Exchange lame/Zone Name The data form is left bla Check here if your complodel Support in 2015, but has no monthly resupport in 2015	of ice nk, se pany sidenti	(C) Residential Local Service Charge elect one of the lareceives or is pro-	(D) State Subscriber Line Charge coxes below: jected to receive	(E) State Universal Service Fee (To enter addite High Cost Love) less than \$2000000000000000000000000000000000000	(F) Mandatory Extended Area Service Charge Itional rows of data pop Support or H	(G) Rate Total Subject to Floor (Sum of C-F) dick on the +	(H) Residen Lines
(A) Exchange lame/Zone Name The data form is left bla Check here if your comfodel Support in 2015, but has no monthly resupport in 2015 Check here if your comfunction in 2015 Check here if you plan	of ice nk, se pany sidenti	(C) Residential Local Service Charge elect one of the lareceives or is pro-	(D) State Subscriber Line Charge coxes below: jected to receive	(E) State Universal Service Fee (To enter addite High Cost Lose) less than \$ cost Loop Support USAC	(F) Mandatory Extended Area Service Charge Itional rows of data pop Support or H	(G) Rate Total Subject to Floor (Sum of C-F) dick on the +	(H) Residen Lines

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Off	icer to Authorize an	Agent to File Rate Floor Data	on Behalf of Re	porting Carrier
	ehalf of the reporting of y of the actual rate flood to the authorized age	(NECA) carrier. I also certify that I am an off or data provided to the authorized ag int is accurate. on reported on this form on behalf o ded by the reporting carrier; and to	icer of the report gent; and, to the b	74.5 FEB. 197
Name of Authorized Agent National E	xchange Carrier Assoc	ciation (NECA)		
Name of Reporting Carrier City of Br	ookings Telephor	ne Fund		
Signature of authorized officer	aure Jul	ius		Date 5/27/2015
Printed name of authorized officer Laur	a Julius 🏻 🗸			
Title or position of authorized officer Fin	ance & Accountin	g Manager		
Telephone number of authorized officer:	605) 692-6325 _{ext.}			
Study Area Code of Reporting Carrier	391650	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	

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 City of Br	ookings Telephone	e Fund		
Signature of authorized officer	ure Julin	2		Date 5/27/2015
Printed name of authorized officer Lau	ra Julius ()			
Title or position of authorized officer Fir	nance & Accounting	g Manager		
Telephone number of authorized officer:	(605) 692-6325 ext.			
Study Area Code of Reporting Carrier	391650	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	