

Local Rate Floor Data Collection

Logged in User: Robin Pickard

Study Area: CITY OF BROOKINGS (ID: 391650)

Contract of the

Study Area List

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Study Area - Exchange Level Data for Local Rate Floor

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Data Collectio	on Period: 20	1606 🗸	<u>Data (</u>	Data Certifi Print S	<u>Age</u> (No Rates Les cation (With R Submitted Data ibmitted Data	ates Less T <u>\$21</u> a in PDF for	tion .93) han .93) mat
	Name:	Robin		Pickard			
	Phone: 6	805-692-6325	[999-999-999	99]			
	Email:	pickard@swifte	el-bmu.com				
columns C-F	is less than \$2				es below, whe		
columns C-F This data will	is less than \$2	21.93.	oact of the loca	(E) State	on your comp (F) Mandatory	any's High (
columns C-F This data will Support. (A) Exchange Name/Zone	is less than \$2 be used to ca (B) Class Of	(C) Residential Service	(D) State Subscriber Line	(E) State Universal Service	on your comp (F) Mandatory Extended Area Service	(G) Rate Total Subject to Floor	Cost (H) Resident
columns C-F This data will Support. (A) Exchange Name/Zone Name	is less than \$2 be used to ca (B) Class Of Service	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	on your comp (F) Mandatory Extended Area Service	(G) Rate Total Subject to Floor (Sum of C-F)	Cost (H) Resident Lines
columns C-F This data will Support. (A) Exchange Name/Zone Name Dif the data form Check here if Model Support in but has no m Check here if Support in 2016	is less than \$2 be used to ca (B) Class Of Service is left blank, se your company i 2016, nonthly residenti	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee (To enter add e High Cost Lo e) less than \$ cost Loop Sup	(F) Mandatory Extended Area Service Charge itional rows of data	(G) Rate Total Subject to Floor (Sum of C-F) A, click on the + High Cost	Cost (H) Resident Lines

Rate Floor Data

TO BE COMPLETED BY THE REPORTING	CARRIER, IF AN AGENT IS FILING RATE FI	LOOR DATA ON THE CARRIER'S BEHALF:
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Certification of Officer to Authorize an Agent to File Rate Floor Data on Beh	alf of Reporting Carrier
I certify that <u>National Exchange Carrier Association (NECA)</u> the information reported on behalf of the reporting carrier. I also certify that I am an officer of th include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and actual rate floor data provided to the authorized agent is accurate.	is authorized to submit the reporting carrier; my responsibilities I, to the best of my knowledge, the
I certify that I am authorized to submit the information reported on this form on behalf of the rep the information reported herein based on data provided by the reporting carrier; and to the best reported herein is accurate.	orting carrier; that I have provided of my knowledge the information
Name of Authorized Agent National Exchange Carrier Association (NECA)	
Name of Reporting Carrier City of Brookings Telephone Fund	
Signature of authorized officer	_{Date} 6/01/2016
Printed name of authorized officer Laura Julius	
Title or position of authorized officer Finance & Accounting Manager	
Telephone number of authorized officer: (605) 692-6325 ext.	
391650 Filing Due Date for this form	1/2016

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Rate Floor Template

Certification	n of Officer as to the	Accuracy of the Data Reported	for the Rate FI	oor Data
reported ; and, to the best of my		responsibilities include ensuring the ation reported on this form is accurat e Fund		actual rate floor data
ame of Reporting Carrier Oily OI				
	0.0000.0			Data 06/01/2016
ignature of authorized officer	aure Jul ura Julius	lins		Date 06/01/2016
ignature of authorized officer		g Manager		Date 06/01/2016
ignature of authorized officer Lau rinted name of authorized officer Fin	ura Julius (g Manager		Date 06/01/2016