# NECA

## Local Rate Floor Data Collection

Logged in User: Robin Pickard

**Study Area: CITY OF BROOKINGS (ID: 391650)**

Study Area List

### Study Area - Exchange Level Data for Local Rate Floor

Data Entry    History

Instructions
Agent HC RF Cert Form
Carrier HC RF Cert Form (No Rates Less Than $20.46)
Carrier HC RF Cert Form (With Rates Less Than $20.46)

Print Submitted Data in PDF format
Print Submitted Data in Excel format

**Data Collection Period:** 201406 ▼

Name: Robin          Pickard
[First Middle Last]

Phone: 605-692-6325    [999-999-9999]

Email: rpickard@swiftel-bmu.com

Enter all exchange/rate zone level rates and their corresponding lines below, where the sum of columns C-F is less than $20.46.
This data will be used to calculate the impact of the local rate floor on your company's High Cost Support.

| (A) Exchange Name/Zone Name | (B) Class Of Service | (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) Residential Lines excluding Lifelines |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

[To enter additional rows of data, click on the + button.]

**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 High Cost Model Support in 2014,
but has no monthly residential rates (plus charges listed above) less than $20.46 *(certification required)*

☑ Check here if your company is not projected to receive High Cost Loop Support or High Cost Model Support in 2014

☐ Check here if you plan to submit local rate floor data directly to USAC

**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 | City of Brookings Telephone Fund |
| Signature of authorized officer | *Laura Julius* (signature)    Date 6/10/2014 |
| 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. |
| Study Area Code of Reporting Carrier | 391650 | Filing Due Date for this form (mm/dd/yyyy) | 07/01//2014 |

CERTIFICATION-AGENT

## 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 Brookings Telephone Fund | |
| Signature of authorized officer *Laura Julius* | Date 6/10/2014 |
| 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. _____ | |

| Study Area Code of Reporting Carrier | 391650 | | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2014 | |
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