

Rate Floor Data

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	474427
2	Carrier Study Area Name	alpha characters	CITIZENS-FRONTIER-ID
3	Service Provider Identification Number	9 numeric digits	143002528
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	12/1/2014
5	Contact Name	alpha characters	Randall Brockmann
6	Contact Telephone Number (include area code)	9 numeric digits	(585) 777-1056
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

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
9	\$ 16.99	\$ -	\$ 0.16	\$ -	114
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					

Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

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: Citizens Telecommunications Company Of Idaho

Signature of authorized officer



Date 12/22/2014

Printed name of authorized officer: Allison Ellis

Title or position of authorized officer: VP, Regulatory Affairs

Telephone number of authorized officer: (203) 614 - 5178

Study Area Code of Reporting Carrier

474427

Filing Due Date for this form
(mm/dd/yyyy)

1/2/2015

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				
<p>I certify that <u>(Name of Agent)</u> 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.</p>				
<p>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.</p>				
Name of Authorized Agent				
Name of Reporting Carrier				
Signature of authorized officer				Date
Printed name of authorized officer				
Title or position of authorized officer				
Telephone number of authorized officer: (___) ___ - ___ , ext. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Rate Floor Data Reported on Behalf of Reporting Carrier				
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the rate floor data on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>				
Name of Reporting Carrier				
Name of Authorized Agent				
Signature of authorized agent or employee of agent				Date
Printed name of authorized agent or employee of agent				
Title or position of authorized agent or employee of agent				
Telephone number of authorized agent: (___) ___ - ___ , ext. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mmdyyy)	