

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	613000
2	Carrier Study Area Name	alpha characters	ACS OF ANCHORAGE, LLC
3	Service Provider Identification Number	9 numeric digits	143002683
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2014
5	Contact Name	alpha characters	Ruth Willard
6	Contact Telephone Number (include area code)	9 numeric digits	907-564-1967
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	\$ 12.05	\$ 3.69	\$ 1.45	\$ -	
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Rate Floor

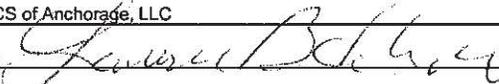
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

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: ACS of Anchorage, LLC

Signature of authorized officer:



Date: 6-23-2014

Printed name of authorized officer: Laurie E. Butcher

Title or position of authorized officer: VP, Finance & Controller

Telephone number of authorized officer: (907) 564-1704, ext.

Study Area Code of Reporting Carrier

613000

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

July 1, 2014

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	613020
2	Carrier Study Area Name	alpha characters	ACS OF THE NORTHLAND, LLC - SITKA
3	Service Provider Identification Number	9 numeric digits	143002702
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2014
5	Contact Name	alpha characters	Ruth Willard
6	Contact Telephone Number (include area code)	9 numeric digits	907-564-1967
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	\$ 7.25	\$ 2.37	\$ 0.89	\$ -	
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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: ACS of the Northland, LLC - Sitka

Signature of authorized officer:

Laurie E. Butcher

Date: 6-23-2014

Printed name of authorized officer: Laurie E. Butcher

Title or position of authorized officer: VP, Finance & Controller

Telephone number of authorized officer: (907) 564-1704, ext.

Study Area Code of Reporting Carrier

613020

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

July 1, 2014

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	613010
2	Carrier Study Area Name	alpha characters	ACS OF THE NORTHLAND, LLC - GLACIER STATE
3	Service Provider Identification Number	9 numeric digits	143002693
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2014
5	Contact Name	alpha characters	Ruth Willard
6	Contact Telephone Number (include area code)	9 numeric digits	907-564-1967
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	\$ 6.15	\$ 2.37	\$ 0.78	\$ -	
10	\$ 7.25	\$ 2.37	\$ 0.89	\$ -	
11	\$ 12.25	\$ 4.75	\$ 1.56	\$ -	
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Rate Floor

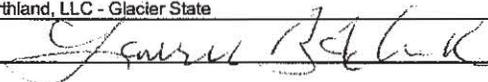
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

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: ACS of the Northland, LLC - Glacier State

Signature of authorized officer:



Date: 6-23-2014

Printed name of authorized officer: Laurie E. Butcher

Title or position of authorized officer: VP, Finance & Controller

Telephone number of authorized officer: (907) 564-1704, ext.

Study Area Code of Reporting Carrier

613010

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

July 1, 2014

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	613022
2	Carrier Study Area Name	alpha characters	ACS OF ALASKA, LLC - GREATLAND
3	Service Provider Identification Number	9 numeric digits	143002703
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2014
5	Contact Name	alpha characters	Ruth Willard
6	Contact Telephone Number (include area code)	9 numeric digits	907-564-1967
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	\$ 11.75	\$ 4.75	\$ 1.52	\$ -	
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Rate Floor

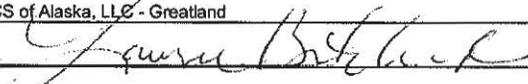
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

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: ACS of Alaska, LLC - Greatland

Signature of authorized officer:



Date: 6-23-2014

Printed name of authorized officer: Laurie E. Butcher

Title or position of authorized officer: VP, Finance & Controller

Telephone number of authorized officer: (907) 564-1704, ext.

Study Area Code of Reporting Carrier

613022

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

July 1, 2014

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	613012
2	Carrier Study Area Name	alpha characters	ACS OF ALASKA, LLC - JUNEAU
3	Service Provider Identification Number	9 numeric digits	143002695
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2014
5	Contact Name	alpha characters	Ruth Willard
6	Contact Telephone Number (include area code)	9 numeric digits	907-564-1967
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	\$ 5.90	\$ 2.37	\$ 0.76	\$ -	
10	\$ 11.75	\$ 4.75	\$ 1.52		
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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: ACS of Alaska, LLC - Juneau				
Signature of authorized officer: <i>Laurie E. Butcher</i>				Date: 6-23-2014
Printed name of authorized officer: Laurie E. Butcher				
Title or position of authorized officer: VP, Finance & Controller				
Telephone number of authorized officer: (907) 564-1704, ext.				
Study Area Code of Reporting Carrier	613012		Filing Due Date for this form (mm/dd/yyyy)	July 1, 2014

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	613008
2	Carrier Study Area Name	alpha characters	ACS OF FAIRBANKS, LLC
3	Service Provider Identification Number	9 numeric digits	143002691
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2014
5	Contact Name	alpha characters	Ruth Willard
6	Contact Telephone Number (include area code)	9 numeric digits	907-564-1967
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	\$ 6.15	\$ 2.37	\$ 0.78	\$ -	
10	\$ 12.25	\$ 4.75	\$ 1.56	\$ -	
11					
12					
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Rate Floor

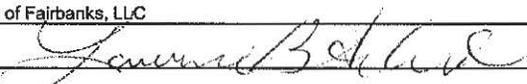
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

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: ACS of Fairbanks, LLC

Signature of authorized officer:



Date: 6-23-2014

Printed name of authorized officer: Laurie E. Butcher

Title or position of authorized officer: VP, Finance & Controller

Telephone number of authorized officer: (907) 564-1704, ext.

Study Area Code of Reporting Carrier

613008

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

July 1, 2014