CENTRAL UTAH TELEPHONE, INC. 2012 Annual Reporting Requirements and Certifications (47 CFR 54.313)

Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

W	C	Do	cke	t Ne	o. 10	1-90

§ 54. 31	3(a)(2) - Outage reporting
X	My company was not required to collect this information in 2011.
	My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.
§ 54. 31	3(a)(3) – Unfulfilled service requests
X	My company was not required to collect this information in 2011.
www.compression.com	My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.
§ 54.31	3(a)(4) – Customer complaints per 1000 connections
X	My company was not required to collect this information in 2011.
•	My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.
§ 54.31	3(a)(5) – Service quality standards and consumer protection rules
	rtify that the reporting carrier is in compliance with applicable service quality standards and sumer protection rules.
§ 54.31	3(a)(6) – Ability to function in emergency situations
§54	rtify that the reporting carrier can function in emergency situations as set forth in 47 CFR .202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code)

facilities, and is capable of managing traffic spikes resulting from emergency situations.

Company Name	State	Study Area Code
Central Utah Telephone	Utah	502277

(If necessary, attach a separate list of additional study areas and check this box.)

Signed Oclah of Con

Date:

June 28, 2012

[Signature of Corporate Officer

Eddie L. Cox

[Printed Name of Corporate Officer]

President

[Title of Corporate Officer]

Carrier's Name Central Utah Telephone Carrier's Address PO Box 7, 35 South State, Fairview, UT 84629 Carrier's Telephone Number (435) 427-3331 CENTRAL UTAH TELEPHONE, INC.
CAF ICC Data for establishing projected eligibility for Intercarrier Compensation Replacement
(47 CFR 54.304)



Data Provided to USAC/FCC For CAF ICC Purposes - Provided Concurrent with NECA 2012 Annual Tariff Filing

Study Area: 502277 CENTRAL UTAH TEL INC Settlement Type: Cost

	7/01/12 - 6/30/13 Test Period	
	Rate-of-Return (ROR) Carrier Revenue Requirement	
1.	2011 Interstate Switched Access Revenue Requirement	\$1,253,534
2.	FY 2011 Intrastate Terminating Switched Access Revenues	\$157,613
3.	FY 2011 Net Reciprocal Compensation Revenues	\$175,414
4.	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$1,586,561
5.	ROR Carrier Baseline Adjustment Factor	0.95
6.	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$1,507,232
	Revenues from Reformed Intercarrier Compensation (ICC) Rates	
7.	Interstate Switched Access Revenues	\$444,312
8.	Transitional Intrastate Access Service Revenues	\$149,732
9.	Net Transitional Reciprocal Compensation Revenues	\$0
10.	Total ICC Revenue (Line 7 + Line 8 + Line 9)	\$594,045
	Eligible Recovery	
11.	TRS increment	\$3,900
12.	Regulatory Fees Increment	\$600
13.	NANPA Increment	\$0
14.	State Terminating Access Support Fund Revenue To Be Received	\$0
15.	Interstate Local Switching Support for Price Cap Affiliates	\$0
16.	Eligible Recovery (Line 6 - Line10) + (Line 11 + Line 12 + Line13) - (Line 14 + Line 15)	\$917,687
	Revenues From Access Recovery Charges (ARC)	
17.	Residential ARC Annual Revenues	\$14,106
18.	Single Line Business ARC Annual Revenues	\$702
19.	Multi-Line Business ARC Annual Revenues	\$6,444
20.	Total ARC Annual Revenues (Line 17 + Line 18 + Line 19)	\$21,252
		l

Notes:

Calculation may not hold true for study areas affiliated with a holding company if they elected to reallocate ARC revenue recovery between study areas.

^{**} NECA estimate provided for informational purposes only - actual to be calculated by USAC

bata Provided to USAC/FCC For CAF ICC Purposes - Provided Concurrent with NECA 2012 Annual Tariff Filing

Study Area: 502277 CENTRAL UTAH TEL INC Settlement Type: Cost

Exchange Name	STATE OF THE PROPERTY OF THE P	Residential excluding Lifelines (Line1)	Residental ARC Charge (Eine2)	Residential ARC, Franchial ARC, Enchante (Line2)=[Line1.x	Single-Line Business (SLB) Lines (Unnet)	SIB ARC Charge (Unes)	SIBARC Revenue (Lines) =(Line4x Line5)x12	Mutchine Business (MES) Unes (Une)	MES ARC Charge (Line8)	M.B.ARC Fevenue (Lme9j=Lme7 x.LigeBlx 12	roral ARC Ravenue (Unatue (Unatue): (Unatue):
Fairview		653	\$0.50	\$3,918.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Ftn. Green		252	\$0.50	\$1,512.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Mt. Pleasant		1,157	\$0.50	\$6,942.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Schofield		160	\$0.50	\$960.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Soldier Summit		10	\$0.50	\$60.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Spanish Fork Canyon		119	\$0.50	\$714.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Study Area Summary		2,351	\$0.00	\$14,106.00	117	\$0.50	\$702.00	537	\$1.00	\$6,444.00	\$21,252.00

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51,917(d) and Access Recovery Charge \$51,917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51,917(f).

Name of Reporting Carrier Central U	tah Telephone			
Signature of authorized officer			Date	5/23/2012
Printed name of authorized officer Mike	e Plows			
Title or position of authorized officer Ch	ief Financial O	fficer		
	(702) 396-015			
Study Area Code of Reporting Carrier	502277	Filing Due Cate for this form (mm/dd/yyyy)	06/18/201	
Persons willfully making false 50 603	atements on this form (b), or fine or impriso	r can be punished by fine or toriciture under nment under Title 18 of the United States Co	the Communication ide, 18 U.S.C. § 1901.	* Act of 1934, 47 U.S.C. §§ 502. ·

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certificat	ion of Officer for R	ate-of-Return Carrier Not Seeking) Duplicative Rec	covery
i certify that I am an officer of the the state jurisdiction for any Eli	he reporting carrier and (gible Recovery subject to	that, to the best of my knowledge, this repo the rezovery mechanism as per 51.917(d)[vi	rting carrier is not seei ij.	king duplicative recovery in
Name of Reporting Corner Central L	Jtah Telephone	Markettende 1 14 m		
Signature of authorized officer			Desta	5/23/2012
	e Plows			
Title or position of authorized officer C	hief Financial Of	ficer		
Telephone number of authorized officer:	(702) 396-0151			
Study Area Code of Reporting Carner	502277	Filing Due Date for this form (min/dd/yyyy)	06/18/2012	
Persons willfully making false a	tatements on this form	can be punished by tine or forfeiture under	the Communications	Act of 1934, 47 U.S.C. §§ 502.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the beat of my knowledge, the information reported on this form is accurate. Name of Reporting Carrier Central Utah Telephone Segnature of Authorized Officer Date Flows Title or position of Authorized Officer Chief Financial Officer Telephone number of Authorized Officer (702) 396-0151 ext. Flang Due Date for this form 06/18/2012 Study Area Code of Reporting Carrier 502277 Immoditysyy) 06/18/2012

Persons withing making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(p), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001

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

Certificati	on of Of	ficer to Author	rize an Agent to File Data Reported	d on Behalf of Re	porting Carrier
reporting carrier. I also certify to	that I am un	n officer of the rep	er Association, Inc. (NECA) is authorize toting carrier; my responsibilities include envided to the Authorized Agent are sociarate.	nsuring the accuracy	mustion reported on behalf of the oif the data provided to the Authorized
Name of Authorized Agent Natio	onal Exch	ange Carrier A	ssociation, Inc. (NECA)		
Name of Reporting Carner Cent	ral Utah	Telephone			
Signature of Authorized Officer					Oate 5/23/2012
Printed name of Authorized Officer	Mike P	lows			
Title or position of Authorized Office	cer Chief	Financial Off	icer		
Telephone number of Authorized C		02) 396-0151			
Study Area Code of Reporting Cor		502277	Filing Due Date for this form (mint/ddiyyyy)	06/18/2012	
Persons watuby makely take	station and s		e purished by fine or fortesture under the Commit under Title 18 of the United States Code 18 U		47 U.S.C. §§ 502, 503(b), or line or

CENTRAL UTAH TELEPHONE, INC. Local Rate Floor Data (47 CFR 54.313(h).

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RESPONSE								NO. III JISTO COMMINISTRATINI								
W.		CENTRAL UTAH TEL. INC.	564	012	Madsen, Blake	7-0652			esidential Local Service Rates, Fees, and Line Counts	Column 5	Roops	2	25	89	156	5
	502277	CENTR	143002564	06/01/2012	Madser	435-427-0652			Service Rates, Fee	Column 4	Manditory Extended Area Service Charge	00.00	0.00	0.00	00.00	00'0
FORMAT OF REQUESTED DATA	6 numeric digits	alpha characters	9 numeric digits	mm/dd/yy	alpha characters	9 numeric digits	numeric digit(s)	numeric digit(s)	2. Residential Local :	Column 3	State Universal Service Fee	0.01	0.01	0.01	0.01	0.01
MENT			on Number	Charge Effective Date		r (include area code)			Block 2. R	Column 2	per e	0.00	0.00	0.00	00:00	00:0
DATA ELEMENT	Carrier Study Area Code	Carrier Study Area Name	Service Provider Identification Number	Residential Local Service Charge Effective Date	Contact Name	Contact Telephone Number (include area code)	Sheet Number	Total Number of Sheets		Column 1	Residential Local Service Charge	1.00	1.06	1.18	1.67	1.70
ROW#	-	2	8	4	2	9	7	80				6	10	11	12	13

Certificat	tion of Officer as to	the Accuracy of the Data Reported f	or the Rate Fl	oor Data
		my responsibilities include ensuring the a formation reported on this form is accurate		ictual rate floor data
Name of Reporting Corner Central	l Utah Telephone			
Signature of authorized officer				_{Date} June 19, 2012
Printed name of authorized office M	like Plows			
Title or position of authorized officer	Chief Financial Of	ficer		
Telephone number of authorizing office	y (435) 427-3331	ext		
Study Area Code of Reporting Carner	502277	Filing Due Date for this form (mmvdd/yeyy)	7/1/2012	

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

i certify that National Exchitre information reported on include ensuring the accura actual rate floor data provide	ange Carner Associate behalf of the report cy of the actual rate at the total rate authorized to the authorized to submit the information.	ing carrier. I also certify that I am an office floor data provided to the authorized an	it cer of the report ent: and, to the	authorized to submit ing carrier; my responsibilities sest of my knowledge, the
tune of Authorizen Agent National f	exchange Camer A	ssociation (NECA)	***************************************	
Name of Reporting Carrier Central L	Jtah Telephone	•		
Signature of authorized officer				Date June 19, 2012
rinted name of authorized office. Miki	e Plows			
	ief Financial O	fficer	***************************************	
dephone number of authorized officer	(435) 427-3331	633		
Study Area Code of Reporting Carner	502277	Filing Due Date for this form imm/dd/yyyy)	7/1/2012	