

SKYLINE TELECOM
2012 Annual Reporting Requirements and Certifications (47 CFR 54.313)

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

WC Docket No. 10-90

§ 54.313(a)(2) – Outage reporting

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.

§ 54.313(a)(3) – Unfulfilled service requests

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.

§ 54.313(a)(4) – Customer complaints per 1000 connections

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.

§ 54.313(a)(5) – Service quality standards and consumer protection rules

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

§ 54.313(a)(6) – Ability to function in emergency situations

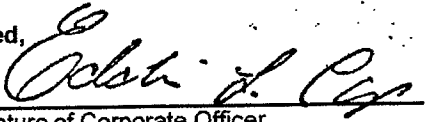
I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

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)**

Company Name	State	Study Area Code
Skyline Telecom	Utah	502283

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

Signed,



[Signature of Corporate Officer]

Eddie L. Cox

[Printed Name of Corporate Officer]

President

[Title of Corporate Officer]

Date:

June 28, 2012

Carrier's Name Skyline Telecom

Carrier's Address PO Box 7, 35 South State, Fairview, UT 84629

Carrier's Telephone Number (435) 427-3331

SKYLINE TELECOM
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: 502283 SKYLINE TELECOM
Settlement Type: Average Schedule

7/01/12 - 6/30/13 Test Period		
Rate-of-Return (ROR) Carrier Revenue Requirement		
1.	2011 Interstate Switched Access Revenue Requirement	\$400,361
2.	FY 2011 Intrastate Terminating Switched Access Revenues	\$132,463
3.	FY 2011 Net Reciprocal Compensation Revenues	\$58,471
4.	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$591,295
5.	ROR Carrier Baseline Adjustment Factor	0.95
6.	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$561,730
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
7.	Interstate Switched Access Revenues	\$350,737
8.	Transitional Intrastate Access Service Revenues	\$125,840
9.	Net Transitional Reciprocal Compensation Revenues	\$0
10.	Total ICC Revenue (Line 7 + Line 8 + Line 9)	\$476,577
Eligible Recovery		
11.	TRS Increment	\$2,000
12.	Regulatory Fees Increment	\$200
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 - Line 10) + (Line 11 + Line 12 + Line 13) - (Line 14 + Line 15)	\$87,352
Revenues From Access Recovery Charges (ARC)		
17.	Residential ARC Annual Revenues	\$7,410
18.	Single Line Business ARC Annual Revenues	\$480
19.	Multi-Line Business ARC Annual Revenues	\$8,676
20.	Total ARC Annual Revenues (Line 17 + Line 18 + Line 19)	\$16,566
21.	Connect America Fund (CAF) ICC Support** (Line 16 - Line 20)##	\$84,094
Notes:		
** NECA estimate provided for informational purposes only - actual to be calculated by USAC		
## Calculation may not hold true for study areas affiliated with a holding company if they elected to reallocate ARC revenue recovery between study areas.		



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


Study Area: 502283 SKYLINE TELECOM
 Settlement Type: Average Schedule

Exchange Name	Zone	Residential Excluding Lines (Line1)	Residential ARC Charge (Line2)	Residential ARC Revenue (Line3)-(Line4) (Line5)-(Line6)	Single-line Business (Sub) Lines (Line4)	SUB ARC Charge (Line5)	SUB/ARC Revenue (Line6) (Line5)x(12)	Multi-line Business (MLB) Lines (Line7)	MLB ARC Charge (Line8)	MLB/ARC Revenue (Line9)-(Line7) (Line8)x(12)	TOP/ARC Revenue (Line10) (Line9)-(Line8)
Dugway		107	\$0.50	\$642.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Eureka		213	\$0.50	\$1,278.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Goshen		302	\$0.50	\$1,812.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Moroni		452	\$0.50	\$2,712.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Wendover		161	\$0.50	\$966.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Study Area Summary		1,235	\$0.00	\$7,410.00	80	\$0.50	\$480.00	723	\$1.00	\$8,676.00	\$16,566.00

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

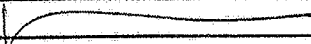
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Skyline Telecom			
Signature of authorized officer 		Date	5/23/2012
Printed name of authorized officer Mike Plows			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer (702) 396-0151			
Study Area Code of Reporting Carrier	502283	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012
Persons willfully 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(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

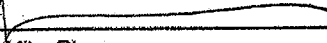
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(iii).

Name of Reporting Carrier: Skyline Telecom			
Signature of authorized officer: 		Date:	5/23/2012
Printed name of authorized officer: Mike Plows			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (702) 396-0151			
Study Area Code of Reporting Carrier:	502283	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012
Persons willfully 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(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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 best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Skyline Telecom			
Signature of Authorized Officer 			Date 5/23/2012
Printed name of Authorized Officer Mike Plows			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer (702) 396-0151 ext			
Study Area Code of Reporting Carrier	502283	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012
Persons willfully 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(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

Carrier Cert

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

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Skyline Telecom

Signature of Authorized Officer

Date 5/23/2012

Printed name of Authorized Officer Mike Plows

Title or position of Authorized Officer Chief Financial Officer

Telephone number of Authorized Officer (702) 396-0151 ext.

Study Area Code of Reporting Carrier 502283

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

06/18/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. 55 502, 503(b) or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1201

SKYLINE TELECOM
Local Rate Floor Data (47 CFR 54.313(h)).

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	502283
2	Carrier Study Area Name	alpha characters	SKYLINE TELECOM
3	Service Provider Identification Number	9 numeric digits	143002568
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/2012
5	Contact Name	alpha characters	Madsen, Blake
6	Contact Telephone Number (include area code)	9 numeric digits	435-427-0652
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

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	1.00	0.00	0.01	0.00	10
10	1.39	0.00	0.01	0.00	63
11	3.80	0.00	0.01	0.00	3
12	4.14	0.00	0.01	0.00	8
13	7.98	0.00	0.08	0.00	262

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>National Exchange Carrier Association (NECA)</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 <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Skyline Telecom</u>			
Signature of authorized officer 			Date <u>June 19, 2012</u>
Printed name of authorized officer <u>Mike Plows</u>			
Title or position of authorized officer <u>Chief Financial Officer</u>			
Telephone number of authorized officer <u>(435) 427-3331 ext</u>			
Study Area Code of Reporting Carrier	<u>502283</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>

CERTIFICATION-AGENT

Rate Floor Template

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 Skyline Telecom			
Signature of authorized officer 			Date June 19, 2012
Printed name of authorized officer Mike Plows			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (435) 427-3331 ext.			
Study Area Code of Reporting Carrier	502283	Filing Due Date for this form (mm/dd/yyyy)	7/1/2012