



2012 CAF ICC Data Collection

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Study Area: ALL WEST COMM-UT (ID: 502288)

Study Area Data to calculate CAF ICC Support

Base Period Revenue and Demand Base Period Reciprocal Compensation Revenue & Demand Residential Revenue Test Period 2012/2013 Fee Increments

Base Period Revenue and Demand
(Fiscal Year 2011 - October 1, 2010 through September 30, 2011)

Note: Interstate Revenues and Minutes are for 5 months in 2011 (August 1, 2011 - December 31, 2011).

Study Area ID	Line 1 --- Intrastate Terminating Switched Access End Office Billed Revenue	Line 2 --- Intrastate Terminating Switched Access Transport (including total dedicated transport) and Other Billed Revenue	Line 3 --- Intrastate Terminating Local Switching Billed Minutes	Line 4 --- Intrastate Terminating Switched Access Composite Rate	Line 5 --- Intrastate Terminating Total Switched Access Received Revenue	Line 6 --- Interstate Total Switched Access Billed Revenue	Line 7 --- % of Total Interstate Switched Access Revenue in Local Switching	Line 8 --- Interstate Local Switching Billed Minutes	Line 9 --- Total Interstate Switched Access Composite Rate	Line 9a --- Adjustment Factor to compute Interstate Terminating Switched Access Composite Rate
502288	\$ 85262	\$ 128792	4248672	\$ 0.050381	\$ 161841	\$ 195700	79.21 %	3452282	\$ 0.056687	3.20 %

Submit Response

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Study Area: ALL WEST COMM-UT (ID: 502288)

Study Area Data to calculate CAF ICC Support

[Base Period Revenue and Demand](#) [Base Period Reciprocal Compensation Revenue & Demand](#) [Residential Revenue](#) [Test Period 2012/2013](#) [Fee Increments](#)

Base Period Reciprocal Compensation Revenue and Demand (Fiscal Year 2011 - October 1, 2010 through September 30, 2011)

Study Area ID	Line 10 --- Terminating Reciprocal Compensation Revenue Received from Other Carriers	Line 11 --- Originating Reciprocal Compensation Expense Paid Out to Other Carriers	Line 12 --- Terminating Reciprocal Compensation Minutes	Line 13 --- Originating Reciprocal Compensation Minutes
502288	\$ 76448.00	\$ -25041.00	5062769	1688569

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Study Area: ALL WEST COMM-UT (ID: 502288)

Study Area Data to calculate CAF ICC Support

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Monthly Residential Revenue and Lines as of January 2012

Study Area ID	Line 14 --- Local Residential Billed Revenue	Line 14a --- Local Residential Billed Revenue Excluding Federal SLC, E-911 and TRS	Line 15 --- Residential Lines (excluding Lifelines)
502288	\$ <input type="text" value="113620"/>	\$ <input type="text" value="78936"/>	<input type="text" value="4784"/>

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Test Period 2012/2013

Test Period 2012/2013 - (July 1, 2012 - June 30, 2013)

Study Area ID	Line 16 --- Interstate Local Switched Access Minutes	Line 17 --- Total Intrastate Terminating Switched Access Minutes	Line 17a --- Intrastate Terminating VOIP Minutes	Line 18 --- Terminating Reciprocal Compensation Minutes	Line 19 --- Originating Reciprocal Compensation Minutes	Line 20 --- Residential Lines Excluding Life Lines	Line 21 --- Single Line Business Lines	Line 22 --- Multi-Line Business Lines
502288	8173609	4613487	0	0	0	4778	244	745

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Study Area: ALL WEST COMM-UT (ID: 502288)

Study Area Data to calculate CAF ICC Support

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Fee Increments & State Terminating Access Support Revenue Test Period 2012/2013

Study Area ID	Line 22a --- Telecommunications Relay Service Increment	Line 22b --- Regulatory-Fees Increment	Line 22c --- NANPA Increment	Line 22d --- State terminating access support fund revenue to be received
502288	\$ <input type="text" value="266"/>	\$ <input type="text" value="231"/>	\$ <input type="text" value="249"/>	\$ <input type="text" value="0"/>

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Study Area: ALL WEST COMM-UT (ID: 502288)

Study Area - Exchange Level Data for Residential ARC

[Upload Residential Lines & Rates](#)

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[Residential Lines & Rates Input](#) [Residential Lines & Rates Summary](#)

Residential Lines and Local Rates Data

Average Number of Lines for Test Period 2012/2013 (July 1, 2012 - June 30, 2013)
Local Rates as of January 2012

Study Area ID	Exchange/Zone Name	Residential Access Lines	Life Lines	Current Residential Flat Rate	Additional Basic Local Rate Charges	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Delete Exchange
502288		0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
502288	Coalville	1256	43	16.50	0.00	0.00	6.50	0.00	0.00	0.00	0.69	0.06	
502288	Deer Mountain	167	1	16.50	0.00	0.00	6.50	0.00	0.00	0.00	0.69	0.06	
502288	Jordanelle	247	1	16.50	0.00	0.00	6.50	0.00	0.00	0.00	0.69	0.06	
502288	Kamas	2449	54	16.50	0.00	0.00	6.50	0.00	0.00	0.00	0.69	0.06	
502288	Randolph	317	16	16.50	0.00	0.00	6.50	0.00	0.00	0.00	0.69	0.06	
502288	Timberlakes	465	2	16.50	0.00	0.00	6.50	0.00	0.00	0.00	0.69	0.06	

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Study Area: ALL WEST COMM-UT (ID: 502288)

Study Area - Exchange Level Data for Residential ARC

[[Upload Residential Lines & Rates](#)]

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Residential Lines and Local Rates Data - Output

Average Number of Lines for Test Period 2012/2013 (July 1, 2012 - June 30, 2013)
Local Rates as of January 2012

[Refresh Data](#)

Study Area ID	Exchange/Zone Name	Residential Access Lines	Life Lines	Residential Lines excluding Life Lines	Total Residential Charges	Amount (above)/below \$30.00 Rate Ceiling
502288	Coalville	1256	43	1213	\$ 23.75	\$ 6.25
502288	Deer Mountain	167	1	166	\$ 23.75	\$ 6.25
502288	Jordanelle	247	1	246	\$ 23.75	\$ 6.25
502288	Kamas	2449	54	2395	\$ 23.75	\$ 6.25
502288	Randolph	317	16	301	\$ 23.75	\$ 6.25
502288	Timberlakes	465	2	463	\$ 23.75	\$ 6.25

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Study Area: ALL WEST COMM-UT (ID: 502288)

CAF Output and ARC Revenues

Important: Before you see your final output numbers, please make sure that you have clicked the submit button on every input screen including the Study Area Data Input for base and test periods and Exchange/Zone Level Data for Access Recovery Charge.

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Test Period 2012-2013 Data - CAF & ARC Output- Page 1

(July 1, 2012 - June 30, 2013)

Study Area ID	Study Area Name	Line 23 --- Interstate switched access revenue requirement	Line 23a --- Interstate Local Switching Support (LSS) for Price Cap Affiliates	Line 24 --- Rate-of-Return Carrier total revenue requirement	Line 25 --- Interstate switched access revenue	Line 25a --- Intrastate Terminating Switched Access Revenue	Line 25b --- Net Reciprocal Compensation Revenue	Line 26 --- Total expected switched revenue	Line 27 --- Eligible Recovery (Line 24-26+22a+22b+22c-22d-23a)
502288	ALL WEST COMM-UT	\$ 974472	\$ 0	\$ 1177057	\$ 463337	\$ 232432	\$ 0	\$ 695769	\$ 482034

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Study Area: ALL WEST COMM-UT (ID: 502288)

CAF Output and ARC Revenues

Important: Before you see your final output numbers, please make sure that you have clicked the submit button on every input screen including the Study Area Data Input for base and test periods and Exchange/Zone Level Data for Access Recovery Charge.

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Test Period 2012-2013 Data - CAF & ARC Output - Page 2
(July 1, 2012 - June 30, 2013)

Study Area ID	Study Area Name	Line 27 --- Eligible Recovery (Line 24- 26+22a+22b+22c- 22d-23a)	Line 27a --- Eligible Recovery (excluding pool administration expense)	Line 28 --- Residential ARC Revenue at the FCC Prescribed Rate	Line 29 --- SLB ARC Revenue at the FCC Prescribed Rate	Line 30 --- MLB ARC Revenue at the FCC Prescribed Rate	Line 31 --- Total ARC Revenue (Line 28+29+30)	Line 32 --- CAF ICC Support (Line 27-31) (True at Holding Company Level for Holding Companies)
502288	ALL WEST COMM-UT	\$ 482034	\$ 461107	\$ 28704	\$ 1464	\$ 8940	\$ 39108	\$ 442926

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Study Area: ALL WEST COMM-UT (ID: 502288)

Access Recovery Charge - Output

Study Area ID	Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SLB ARC	SLB ARC Revenue	MLB ARC	MLB ARC Revenue	Total ARC Revenue
502288	Coalville	1213	0.50	7278.00					
502288	Deer Mountain	166	0.50	996.00					
502288	Jordanelle	246	0.50	1476.00					
502288	Kamas	2395	0.50	14370.00					
502288	Randolph	301	0.50	1806.00					
502288	Timberlakes	463	0.50	2778.00					
502288	Study Area Summary	4784		28704.00	0.50	1464.00	1.00	8940.00	39108.00

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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: ALL WEST COMM-UT

Signature of Authorized Officer: Jenny Prescott

Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer: Jenny Prescott

Title or position of Authorized Officer: VP Customer Service & Finance

Telephone number of Authorized Officer: 435-783-4913

Study Area Code of Reporting Carrier

502288

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

6/18/2012

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, 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) <u>National Exchange Carriers Association, Inc.</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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>ALL WEST COMM-UT</u>					
Signature of Authorized Officer: <u>Jenny Prescott</u>				Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/23/2012	
Date: <u>5/23/2012</u>					
Printed name of Authorized Officer: <u>Jenny Prescott</u>					
Title or position of Authorized Officer: <u>VP Customer Service & Finance</u>					
Telephone number of authorized officer: <u>435-783-4913</u>					
Study Area Code of Reporting Carrier	<u>502288</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/18/2012</u>	
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 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: **ALL WEST COMM-UT**

Signature of Authorized Officer or employee: **Jenny Prescott**
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/23/2012

Date: **5/23/2012**

Printed name of Authorized Officer or employee: **Jenny Prescott**

Title or position of Authorized Officer or employee: **VP Customer Service & Finance**

Telephone number of Authorized Officer or employee: **435-783-4913**

Study Area Code of Reporting Carrier

502288

Filing Due Date for this form
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6/18/2012

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, the 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)(vii).

Name of Reporting Carrier: ALL WEST COMM-UT

Signature of Authorized Officer or employee: **Jenny Prescott**
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Jenny Prescott

Title or position of Authorized Officer or employee: VP Customer Service & Finance

Telephone number of Authorized Officer or employee: 435-783-4913

Study Area Code of Reporting Carrier

502288

Filing Due Date for this form
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6/18/2012

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.

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	502288
2	Carrier Study Area Name	alpha characters	ALL WEST COMMUNICATIONS-UT
3	Service Provider Identification Number	9 numeric digits	143002572
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	06/01/2012
5	Contact Name	alpha characters	Prescott, Jenny
6	Contact Telephone Number (include area code)	9 numeric digits	435-783-4361
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	0.00			0

Rate Floor Data

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

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <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>All West Communications, Inc. - UT</u>				
Signature of authorized officer <u>Jenny R. Prescott</u>				Date <u>6/13/12</u>
Printed name of authorized officer <u>Jenny Prescott</u>				
Title or position of authorized officer <u>Vice President of Customer Service & Finance</u>				
Telephone number of authorized officer: <u>(435) 783-4998</u> ext.				
Study Area Code of Reporting Carrier	<u>502288</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>	

