

2017 JUN 16 10:11 AM

June 16, 2017

State of Utah Public Service Commission

160 East 300 South

Salt Lake City, UT 84114

RE: Docket No. 17-999-14: Administration of Connect America Fund Intercarrier Compensation Replacement §54.304(d)(1), Annual Reporting Requirements §54.313(h)(i), Transition of Carrier Access Charges §51.909 , and Eligible Revenue Recovery § 57.917(d)(vii)

Moss Adams LLP respectfully files on behalf of South Central Utah Telephone Association, Inc. with the State of Utah Public Service Commission this Request for Confidential Treatment of Information (the "Request"). The Request seeks confidential treatment of information contained in the projected eligibility for CAF ICC funding for July 1, 2017 through June 30, 2018 and Local Rate Floor Data. This data collection is proprietary and confidential and subject to PSC R746-1-602 and 603.

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State of Utah Public Service Commission

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Pursuant to 47 C.F.R. §54.304(d)(1) of the Federal Communications Commission's rules, enclosed please find the projected eligibility for CAF ICC funding for July 1, 2017 through June 30, 2018 for South Central Utah Telephone Association, Inc., Study Area Code 502286. This projection includes any true-ups associated with earlier filing periods. This projection has also been filed as confidential with the Federal Communications Commission and the Universal Service Administrative Company, as the administrator of the Federal Universal Service Fund.

In addition South Central Utah Telephone Association, Inc. includes its Local Rate Floor Data certifications and associated reporting as required in 47 C.F.R. §54.313 (h)(i). As previously filed in accordance with 47 C.F.R. §51.909 governing Carrier Access Charges; South Central Utah Telephone Association, Inc. provides supplemental TRP data. Lastly copies of annual certifications regarding CAF ICC Data reported to the Federal Communications Commission specifically required for Double Recovery as specified in 47 C.F.R. §57.917 (d)(vii) are included with this filing.

Enclosed is the original printed on yellow-colored paper stamped "CONFIDENTIAL - - SUBJECT TO UTAH PUBLIC SERVICE COMMISSION RULES R746-1-602 and 603," which

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has been placed in a sealed envelope. This information, submitted in a sealed envelope, stamped confidential can be reviewed by the Commission staff.

Should you have any questions regarding this filing, please contact me at 509.777.0137 or tym.rutkowski@mossadams.com.

Sincerely,



Tym Rutkowski, Regulatory Consulting Manager for

Moss Adams LLP

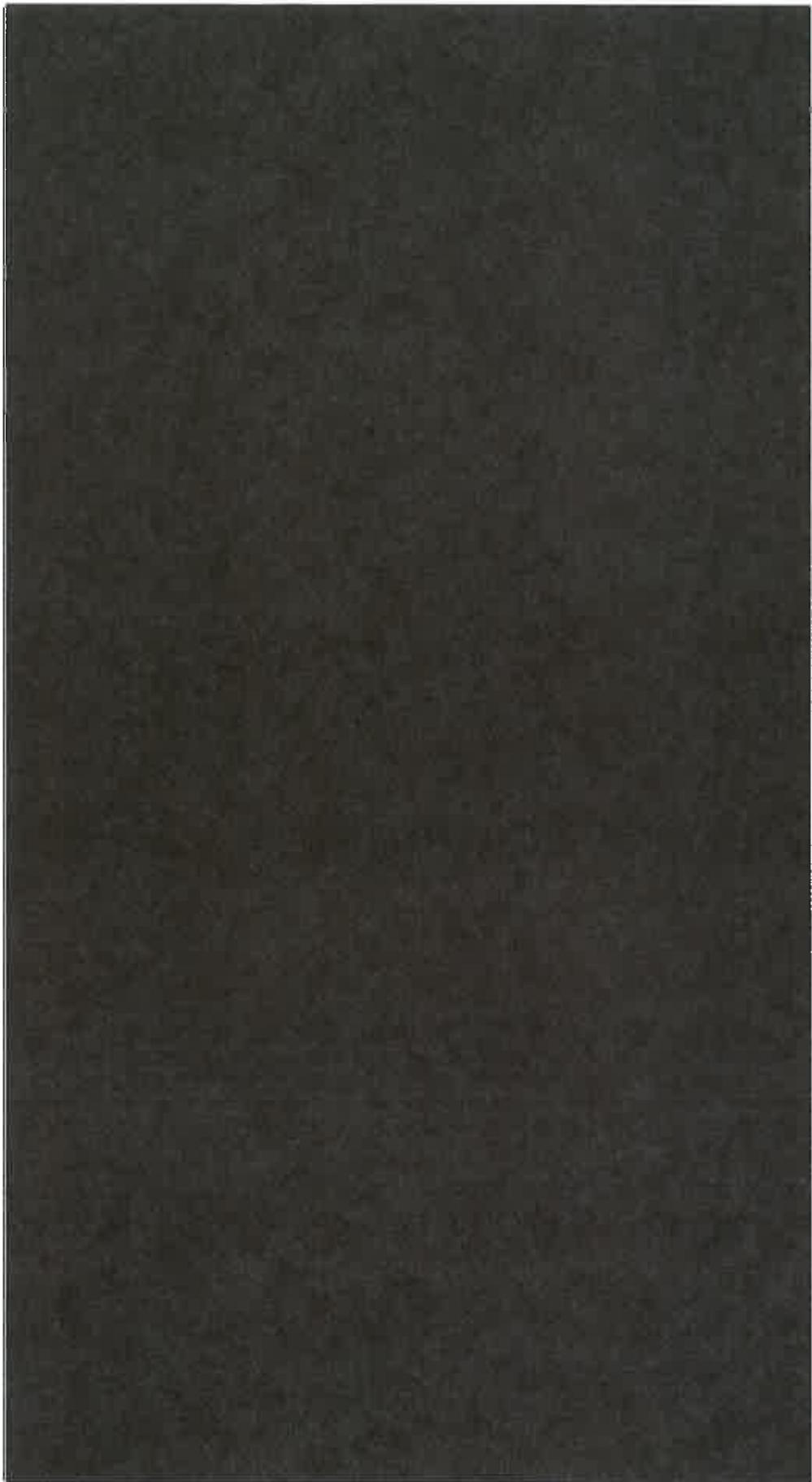
Enclosures

cc: Ms. Wendy Stewart (Via E-mail)

Mr. Stephen Jantz (Via E-mail)

Synchronous Optical Channel OC12	
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E1	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E2	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E3	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E4	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E1	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E2	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E3	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E4	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E1	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E2	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E3	Circuit Miles
Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E4	Circuit Miles
Direct Trunked Transport Facility/Termination Voice Grade - Two Wire & Four Wire	Termination
Direct Trunked Transport Facility/Termination High Capacity DS1	Termination
Direct Trunked Transport Facility/Termination High Capacity DS3	Termination
Direct Trunked Transport Facility/Termination Synchronous Optical Channel OC3	Termination
Direct Trunked Transport Facility/Termination Synchronous Optical Channel OC12	Termination
Direct Trunked Transport Facility/Termination ESALT 2 Mbps	Circuit terms
Direct Trunked Transport Facility/Termination ESALT 10 Mbps	Circuit terms
Direct Trunked Transport Facility/Termination ESALT 50 Mbps	Circuit terms
Multiplexing, Per Arrangement DS3 to DS1	Termination
Multiplexing, Per Arrangement DS1 to Voice	Termination
Customer Node Per Node OC3 155.52 Mbps	Port
Customer Node Per Node OC12 622.08 Mbps	Port
Customer Premises Port, Per Port OC3 155.52 Mbps	Port
Customer Premises Port, Per Port STS-1 51.84 Mbps	Port
Customer Premises Port,	

Per Port DS3 44.736 Mbps	Port
Customer Premises Port, Per Port DS1 1.544 Mbps	Port
Add/Drop Multiplexing Central Office Port, Per Port DS1 1.544 Mbps	Port
Add/Drop Multiplexing Central Office Port, Per Port OC3 155.52 Mbps	Port
Add/Drop Multiplexing Central Office Port, Per Port DS3 44.736 Mbps	Port
Network Blocking, Per Blocked Call Network Blocking, Per Blocked Call, Applies to FGD only	Call
ESALT Real Time CoS/QoS, Per ESALT DTF-E1 Facility ESALT 2 Mbps	Facility
ESALT Real Time CoS/QoS, Per ESALT DTF-E1 Facility ESALT 10 Mbps	Facility
ESALT Real Time CoS/QoS, Per ESALT DTF-E1 Facility ESALT 50 Mbps	Facility
ESALT Entrance Facility Protection, Per ESALT Entrance Facility ESALT 2 Mbps	Circuit
ESALT Entrance Facility Protection, Per ESALT Entrance Facility ESALT 10 Mbps	Circuit
ESALT Entrance Facility Protection, Per ESALT Entrance Facility ESALT 50 Mbps	Circuit
Common Channel Signaling Network Connection Signaling Mileage Facility, Per Mile	Mile
Common Channel Signaling Network Connection Signaling Mileage Termination, Per Termination	Termination
Common Channel Signaling Network Connection Signaling Entrance Facility, Per Facility	Facility
Common Channel Signaling Network Connection STP Port, Per Port	Port
Terminating Tandem Switched Transport Terminating Tandem Switched Transport Facility	Minutes / Mile
Terminating Tandem Switched Transport Terminating Tandem Switched Termination	Minutes
Terminating Tandem Switched Transport Terminating Tandem Switching	Minutes
Nonrecurring Charges Voice Grade Two Wire	Facility
Nonrecurring Charges Voice Grade Four Wire	Facility
Nonrecurring Charges High Capacity DS1	Facility
Nonrecurring Charges High Capacity DS3	Facility
Nonrecurring Charges Synchronous Optical Channel OC3	Facility



Nonrecurring Charges Synchronous Optical Channel OC12	Facility	
Nonrecurring Charges Interim NXX Translation, Per Order	Order	
Nonrecurring Charges FGC and FGD Conversion of Multifrequency Address Signaling to SS7 Signaling or SS7 Signaling to Multifrequency Address Signaling, per 24 trunks converted or fraction thereof on a per order basis	Order	
Nonrecurring Charges Trunk Activation, per 24 trunks activated or fraction thereof on a per order basis	Order	
Nonrecurring Charges Flexible Automatic Number Identification (Flex ANI), per End Office, per CIC	End Office	
Nonrecurring Charges ESALT 2 Mbps	Facility	
Nonrecurring Charges ESALT 10 Mbps	Facility	
Nonrecurring Charges ESALT 50 Mbps	Facility	
Nonrecurring Charges ESALT Direct Trunked Termination, per ESALT Direct Trunked Termination installed	Order	
Nonrecurring Charges ESALT Entrance Facility Protection, per ESALT Entrance Facility	Facility	



2017 CAF ICC Data Collection

[NECA Home](#) [NECA Data Collections](#) [Contact Us](#) [CAF ICC - Instructions & Documents](#) [Paper Certification Tracking](#) [Logout](#)

Logged in User: [Jaye Rishard](#)

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Study Area: **SOUTH CENTRAL UTAH (ID: 502286)**

Study Area USAC Reports

[[View Printer-friendly report](#)]

2017 USAC Data Report (Test Period 2017-2018)

CONNECT AMERICA FUND

Data to be provided to USAC/FCC in June 2017 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/17-6/30/18 Post True-up (Filing) View	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 ^ 6)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 15/16 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)
Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops	
26	ARC Revenue Adjustment
27	Adjusted Test Period 2017-2018 CAFICC Support (Line 25 - Line 26)

NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) * (Line 1/ Sum of Line 1 for all TS pool participants)

**NECA estimate provided for informational purposes only - actual to be calculated by USAC.



2017 CAF ICC Data Collection

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Study Area: SOUTH CENTRAL UTAH (ID: 502286)

Access Recovery Charges

[Recalculate ARC Rates & CAF Support revenues](#)

[Test Period 2017-18 Pre-True-up View](#) [Test Period 2017-18 Post-True-Up \(Filing\) View](#)

Test Period 2017-2018 Post True-Up (Filing) View

Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SLB Lines	SLB ARC	SLB ARC Revenue	MLB Lines	MLB ARC	MLB ARC Revenue	Total ARC Revenue
Antimony 624										
Apple Valley 877										
Beryl 439										
Bicknell 425										
Boulder 335										
Bryce Canyon 834										
Cannonville 679										
Circleville 577										
Colorado City AZ 875										
Duck Creek 662										
Enterprise 878										
Escalante 826										
Fredonia AZ 643										
Hatch 735										
Hildale 874										
Kanab 644										
Kopsharem 638										
Lea 836										
Marysvale 326										
Milford 387										
Minersville 386										
Orderville 648										
Panguitch 676										
Study Area Summary										

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: **SOUTH CENTRAL UTAH**

Signature of Authorized Officer: **Michael East**

Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah,J= , Date:5/17/2017

Date: **5/17/2017**

Printed name of Authorized Officer: **Michael East**

Title or position of Authorized Officer: **President/CEO**

Telephone number of Authorized Officer: **435-826-4211**

Study Area Code of Reporting Carrier

502286

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

6/16/2017

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) National Exchange Carriers Association, Inc. 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 : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: SOUTH CENTRAL UTAH

Signature of Authorized Officer: <u>Michael East</u>	Digitally signed by Michael East DN:cn=Michael East,email=michael@socen.com,O=south central utah, Date:5/17/2017	Date: <u>5/17/2017</u>
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Printed name of Authorized Officer: Michael East

Title or position of Authorized Officer: President/CEO

Telephone number of authorized officer: 435-826-4211

Study Area Code of Reporting Carrier	<u>502286</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>	
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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: **SOUTH CENTRAL UTAH**

Signature of Authorized Officer or employee: **Michael East**
Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah, Date:5/17/2017
Date: **5/17/2017**

Printed name of Authorized Officer or employee: **Michael East**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **435-826-4211**

Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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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: SOUTH CENTRAL UTAH

Signature of Authorized Officer or employee: Michael East

Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah, Date:5/17/2017

Date: 5/17/2017

Printed name of Authorized Officer or employee: Michael East

Title or position of Authorized Officer or employee: President/CEO

Telephone number of Authorized Officer or employee: 435-826-4211

Study Area Code of Reporting Carrier	502286		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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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	502286
2	Carrier Study Area Name	alpha characters	SOUTH CENTRAL UTAH TEL. ASSN. INC.
3	Service Provider Identification Number	9 numeric digits	143002570
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	STEWART, WENDY
6	Contact Telephone Number (include area code)	9 numeric digits	435-826-0226
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	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9						ANTIMONY	R1
10						ANTIMONY	TEEN LINE
11						APPLE VALLEY	R1
12						APPLE VALLEY	TEEN LINE
13						APPLE VALLEY	LIFELINE
14						BERYL	R1
15						BERYL	TEEN LINE
16						BERYL	LIFELINE
17						BICKNELL	R1
18						BICKNELL	TEEN LINE
19						BICKNELL	LIFELINE
20						BOULDER	R1
21						BOULDER	TEEN LINE
22						BOULDER	LIFELINE
23						BRYCE CANYON	R1
24						CANNONVILLE	R1
25						CANNONVILLE	TEEN LINE

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	502286
2	Carrier Study Area Name	alpha characters	SOUTH CENTRAL UTAH TEL. ASSN. INC.
3	Service Provider Identification Number	9 numeric digits	143002570
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	STEWART, WENDY
6	Contact Telephone Number (include area code)	9 numeric digits	435-826-0226
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

26		CANNONVILLE	LIFELINE
27		CIRCLEVILLE	R1
28		CIRCLEVILLE	TEEN LINE
29		CIRCLEVILLE	LIFELINE
30		COLORADO CITY	R1
31		COLORADO CITY	LIFELINE
32		DUCK CREEK	R1
33		DUCK CREEK	TEEN LINE
34		DUCK CREEK	LIFELINE
35		ENTERPRISE	R1
36		ENTERPRISE	TEEN LINE
37		ENTERPRISE	LIFELINE
38		ESCALANTE	R1
39		ESCALANTE	TEEN LINE
40		ESCALANTE	LIFELINE
41		FREDONIA	R1
42		FREDONIA	LIFELINE
43		HATCH	R1
44		HATCH	LIFELINE
45		HILDALE	R1
46		KANAB	R1
47		KANAB	TEEN LINE
48		KANAB	LIFELINE

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	502286
2	Carrier Study Area Name	alpha characters	SOUTH CENTRAL UTAH TEL. ASSN. INC.
3	Service Provider Identification Number	9 numeric digits	143002570
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	STEWART, WENDY
6	Contact Telephone Number (include area code)	9 numeric digits	435-826-0226
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

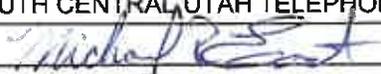
Block 2- Residential Local Service Rates, Fees, and Line Counts

49		KOOSHAREM	R1
50		KOOSHAREM	TEEN LINE
51		KOOSHAREM	LIFELINE
52		LOA	R1
53		LOA	TEEN LINE
54		LOA	LIFELINE
55		MARYSVALE	R1
56		MARYSVALE	TEEN LINE
57		MARYSVALE	LIFELINE
58		MILFORD	R1
59		MILFORD	TEEN LINE
60		MILFORD	LIFELINE
61		MINERSVILLE	R1
62		MINERSVILLE	TEEN LINE
63		MINERSVILLE	LIFELINE
64		ORDERVILLE	R1
65		ORDERVILLE	TEEN LINE
66		ORDERVILLE	LIFELINE
67		PANGUITCH	R1
68		PANGUITCH	LIFELINE

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				SOUTH CENTRAL UTAH TELEPHONE ASSOCIATION INC	
Signature of authorized officer					
Date			6-7-17		
Printed name of authorized officer				MICHAEL R EAST	
Title or position of authorized officer				PRESIDENT/CEO	
Telephone number of authorized officer:				(435) 644-0110 ext.	
Study Area Code of Reporting Carrier		502286	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017	

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>SOUTH CENTRAL UTAH TELEPHONE ASSOCIATION INC</u>			
Signature of authorized officer 			Date <u>06/05/2017</u>
Printed name of authorized officer <u>MICHAEL R EAST</u>			
Title or position of authorized officer <u>PRESIDENT/CEO</u>			
Telephone number of authorized officer: <u>(435) 644-0110</u> ext. _____			
Study Area Code of Reporting Carrier	<u>502286</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2017</u>