

2019 CAF ICC Data Collection

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### Study Area: SOUTH CENTRAL UTAH TEL. ASSN. INC. (ID: 502286)

Intrastate Revenues (FCC TRP exhibit)

## Option 1: View TRP Output in Excel Option 2: Download TRP Data in Excel

### Intrastate Revenues

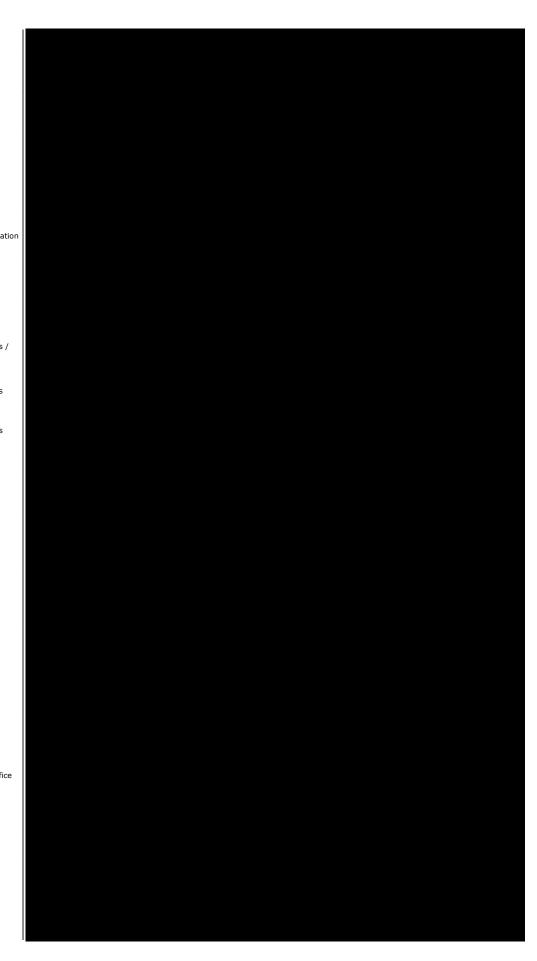
Test Year 2019-2020 Expected Maximum Intrastate Revenue:

| Col D   | Col E             | Col F                       | Col G  | Col H                                   | Col I  | Col J   | Col K  | Col L   | Col M  | Col N  |
|---|-------------------|-----------------------------|--|---|--|---|--|---|--|--|
|   |                   |                             |  |   |  |   |  |   |  |  |
| Rate Element Description  | Unit of<br>Demand | 7/1/2019<br>Interstate Rate | Test Year<br>2018-2019<br>Current<br>Intrastate Rate | 7/1/2019<br>Proposed<br>Intrastate Rate | FY 2011<br>Intrastate Units:<br>Terminating for<br>Non-Dedicated<br>or Originating<br>and Terminating<br>for Dedicated<br>Elements | H*1<br>Intrastate<br>Price-out<br>with 7/1/2019<br>proposed<br>intrastate<br>rate and<br>FY2011<br>Demand | FY 2018<br>Intrastate Units:<br>Terminating for<br>Non-Dedicated<br>and total for<br>Dedicated<br>Elements | Test Year 2019-<br>2020<br>Forecasted<br>Intrastate Units | [(L/K)^<br>(12/21)-1]<br>*100<br>Intrastate<br>Units<br>Growth<br>Rate % | H*L<br>TY 2019-20<br>Forecasted<br>Intrastate<br>Revenue |
| Terminating End Office<br>Access Service Terminating<br>End Office, Premium, per<br>access minute     | моџ               |                             |  |   | Liononio   | Demand  |  |   |  |  |
| Terminating End Office<br>Access Service Terminating<br>End Office, Non-Premium,<br>per access minute | моџ               |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination Voice Grade<br>Two Wire   | Termination       |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination Voice Grade<br>Four Wire  | Termination       |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination High Capacity<br>DS1  | Termination       |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination High Capacity<br>DS3  | Termination       |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination Synchronous<br>Optical Channel OC3                              | Termination       |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination Synchronous<br>Optical Channel OC12                             | Termination       |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination ESALT 2 Mbps  | Circuit           |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination ESALT 10 Mbps   | Circuit           |                             |  |   |  |   |  |   |  |  |
| Entrance Facility, Per<br>Termination ESALT 50 Mbps   | Circuit           |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile Voice Grade -<br>Two Wire & Four Wire                      | Mile              |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile High Capacity<br>DS1                                       | Mile              |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile High Capacity<br>DS3                                       | Mile              |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile Synchronous<br>Optical Channel OC3                         | Mile              |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile Synchronous<br>Optical Channel OC12                        | Mile              |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile ESALT 2 Mbps<br>DTF-E1                                     | Circuit Miles     |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile ESALT 2 Mbps<br>DTF-E2                                     | Circuit Miles     |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile ESALT 2 Mbps<br>DTF-E3                                     | Circuit Miles     |                             |  |   |  |   |  |   |  |  |
| Direct Trunked Transport<br>Facility/ Mile ESALT 2 Mbps<br>DTF-E4                                     | Circuit Miles     |                             |  |   |  |   | L  | I   |  |  |
|   |                   |                             |  |   |  |   |  |   |  |  |

| Direct Trunked Transport<br>Facility/ Mile ESALT 10 Mbps<br>DTF-E1Circuit Miles<br>DTF-E2Direct Trunked Transport<br>Facility/ Mile ESALT 10 Mbps<br>DTF-E3Circuit Miles<br>Circuit Miles<br>DTF-E4Direct Trunked Transport<br>Facility/ Mile ESALT 10 Mbps<br>DTF-E4Circuit Miles<br>Circuit Miles<br>DTF-E4Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DTF-E1Circuit Miles<br>Circuit Miles<br>DTF-E3Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DTF-E3Circuit Miles<br>Circuit Miles<br>DTF-E4Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DTF-E4Circuit Miles<br>Circuit Miles<br>DTF-E3Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DTF-E4Circuit Miles<br>DTF-E4Direct Trunked Transport<br>Facility/Termination Voice<br>Grade - Two Wire & Four<br>WireTermination<br>Termination<br>Capacity DS1Direct Trunked Transport<br>Facility/Termination High<br>Capacity DS3Termination<br>Termination<br>Synchronous Optical<br>Channel OC3Termination<br>Termination<br>Synchronous Optical<br>Channel OC12Direct Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit termsDirect Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termination<br>Synchronous Optical<br>Channel OC12Direct Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termination<br>Synchronous Optical<br>Channel OC12Direct Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termination<br>Synchronous Optical<br>Channel OC12Direct Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termination<br>Synchronous Optical <br< th=""></br<>   |
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| Direct Trunked Transport<br>Facility/ Mile ESALT 10 Mbps<br>DIF-E2Circuit Miles<br>DIrect Trunked Transport<br>Facility/ Mile ESALT 10 Mbps<br>DIF-E3Circuit Miles<br>DIF-E4Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DIF-E1Circuit Miles<br>DIF-E1Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DIF-E1Circuit Miles<br>DIF-E1Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DIF-E2Circuit Miles<br>DIF-E3Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DIF-E4Circuit Miles<br>DIF-E4Direct Trunked Transport<br>Facility/ Mile ESALT 50 Mbps<br>DIF-E4Circuit Miles<br>DIF-E4Direct Trunked Transport<br>Facility/Termination Voice<br>Grade - Two Wire & Four<br>WireTermination<br>Termination<br>Direct Trunked Transport<br>Facility/Termination High<br>Capacity DS1Direct Trunked Transport<br>Facility/Termination High<br>Capacity DS3Termination<br>Circuit MilesDirect Trunked Transport<br>Facility/Termination Synchronous Optical<br>Channel OC3Termination<br>Circuit<br>termsDirect Trunked Transport<br>Facility/Termination Synchronous Optical<br>Channel OC12Circuit<br>termsDirect Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termination ESALT<br>50 MbpsDirect Trunked Transport<br>Facility/Termination ESALT<br>10 MbpsCircuit<br>termsDirect Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termsDirect Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termsDirect Trunked Transport<br>Facility/Termination ESALT<br>2 MbpsCircuit<br>termsDirect Trunked Transpo   |
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| Arrangement DS1 to Voice     Termination       Customer Node Per Node<br>OC3 155.52 Mbps     Port       Customer Node Per Node<br>OC12 622.08 Mbps     Port       Customer Premises Port, Per<br>Port OC3 155.52 Mbps     Port       Customer Premises Port, Per<br>Port STS-1 51.84 Mbps     Port       Customer Premises Port, Per<br>Port DS3 44.736 Mbps     Port       Customer Premises Port, Per<br>Port DS1 1.544 Mbps     Port       Customer Premises Port, Per<br>Port DS1 1.544 Mbps     Port  |
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| OC12 622.08 Mbps     Port       Customer Premises Port, Per<br>Port OC3 155.52 Mbps     Port       Customer Premises Port, Per<br>Port TS-1 51.84 Mbps     Port       Customer Premises Port, Per<br>Port DS3 44.736 Mbps     Port       Customer Premises Port, Per<br>Port DS3 44.736 Mbps     Port       Customer Premises Port, Per<br>Port DS1 1.544 Mbps     Port       Add/Drop Multiplexing<br>Central Office Port, Per Port     Port  |
| Port OC3 155.52 Mbps<br>Customer Premises Port, Per<br>Port DS3 147.736 Mbps<br>Customer Premises Port, Per<br>Port DS3 44.736 Mbps<br>Customer Premises Port, Per<br>Port DS1 1.544 Mbps<br>Add/Drop Multiplexing<br>Central Office Port, Per Port<br>Port  |
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| Add/Drop Multiplexing<br>Central Office Port, Per Port Port  |
| DST 1.344 MUPS   |
| Add/Drop Multiplexing<br>Central Office Port, Per Port<br>OC3 155.52 Mbps  |
| Add/Drop Multiplexing<br>Central Office Port, Per Port<br>DS3 44.736 Mbps  |
| Network Blocking, Per<br>Blocked Call Network<br>Blocking, Per Blocked Call,<br>Applies to FGD only  |
| ESALT Real Time CoS/QoS,<br>Per ESALT DTF-E1 Facility<br>ESALT 2 Mbps  |
| ESALT Real Time CoS/QoS,<br>Per ESALT DTF-E1 Facility<br>ESALT 10 Mbps   |
|  |



| Per ESALT DTF-E1 Facility<br>ESALT 50 Mbps  | Facility        |
|---|-----------------|
| ESALT Entrance Facility<br>Protection, Per ESALT<br>Entrance Facility ESALT 2<br>Mbps   | Circuit         |
| ESALT Entrance Facility<br>Protection, Per ESALT<br>Entrance Facility ESALT 10<br>Mbps  | Circuit         |
| ESALT Entrance Facility<br>Protection, Per ESALT<br>Entrance Facility ESALT 50<br>Mbps  | Circuit         |
| Common Channel Signaling<br>Network Connection<br>Signaling Mileage Facility,<br>Per Mile   | Mile            |
| Common Channel Signaling<br>Network Connection<br>Signaling Mileage<br>Termination, Per<br>Termination  | Termina         |
| Common Channel Signaling<br>Network Connection<br>Signaling Entrance Facility,<br>Per Facility  | Facility        |
| Common Channel Signaling<br>Network Connection STP<br>Port, Per Port  | Port            |
| Terminating Tandem<br>Switched Transport<br>Terminating Tandem<br>Switched Transport Facility   | Minutes<br>Mile |
| Terminating Tandem<br>Switched Transport<br>Terminating Tandem<br>Switched Termination  | Minutes         |
| Terminating Tandem<br>Switched Transport<br>Terminating Tandem<br>Switching   | Minutes         |
| Nonrecurring Charges Voice<br>Grade Two Wire  | Facility        |
| Nonrecurring Charges Voice<br>Grade Four Wire   | Facility        |
| Nonrecurring Charges High<br>Capacity DS1   | Facility        |
| Nonrecurring Charges High<br>Capacity DS3   | Facility        |
| Nonrecurring Charges<br>Synchronous Optical<br>Channel OC3  | Facility        |
| Nonrecurring Charges<br>Synchronous Optical<br>Channel OC12   | Facility        |
| Nonrecurring Charges<br>Interim NXX Translation,<br>Per Order   | Order           |
| Nonrecurring Charges FGC<br>and FGD Conversion of<br>Multifrequency Address<br>Signaling to SS7 Signaling<br>or SS7 Signaling to<br>Multifrequency Address<br>Signaling, per 24 trunks<br>converted or fraction<br>thereof on a per order basis | Order           |
| Nonrecurring Charges Trunk<br>Activation, per 24 trunks<br>activated or fraction thereof<br>on a per order basis  | Order           |
| Nonrecurring Charges<br>Flexible Automatic Number<br>Identification (Flex ANI),<br>per End Office, per CIC  | End Offic       |
| Nonrecurring Charges<br>ESALT 2 Mbps  | Facility        |
| Nonrecurring Charges<br>ESALT 10 Mbps   | Facility        |
| Nonrecurring Charges<br>ESALT 50 Mbps   | Facility        |
| Nonrecurring Charges<br>ESALT Direct Trunked<br>Termination, per ESALT<br>Direct Trunked Termination<br>installed   | Order           |
| Nonrecurring Charges  | Facility        |



|                   |  |  | _ |  |  |  |
|-------------------|--|--|---|--|--|--|
| Entrance Facility |  |  |   |  |  |  |
| Enclance Facility |  |  |   |  |  |  |
|                   |  |  |   |  |  |  |
|                   |  |  |   |  |  |  |

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## 2019 CAF ICC Data Collection

NECA Home NECA Data Collections Contact Us CAF ICC - Instructions & Documents NECA IR - Paper Certification Tracking Logout Logged in User: Annette Ormond

Home Select Company Main Page Study Area Data Input Menu 
CAF & ARC Output
Historic Reports
C-Certification

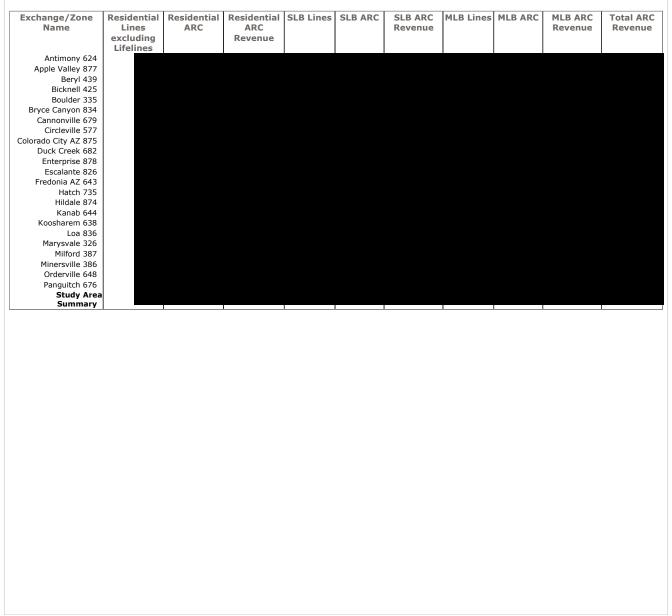
### Study Area: SOUTH CENTRAL UTAH TEL. ASSN. INC. (ID: 502286)

Recalculate ARC Rates & CAF Support revenues

Access Recovery Charges

Test Period 2019-20 Pre-True-up View Test Period 2019-20 Post-True-Up (Filing) View

#### Test Period 2019-2020 Post True-Up (Filing) View



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# CONNECT AMERICA FUND

[Data to be provided to USAC/FCC in June 2019 for CAF ICC Purposes]

## Settlement Type: Cost

NECA

# Test Period 7/1/19-6/30/20 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 ^ 8)   |  |  |  |  |  |  |
| 6  | ROR Carrier Revenue Requirement (Line 4 x Line 5)   |  |  |  |  |  |  |
| 7  | Pool Administration Expenses  |  |  |  |  |  |  |
| 8  | Total ROR Carrier Revenue Requirement (Line 6 + Line 7)   |  |  |  |  |  |  |
|  | <b>Revenues from Reformed Intercarrier Compensation (ICC) Rates</b>                                       |  |  |  |  |  |  |
| 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 or<br>Estimated Duplicate LSS Costs in CAF II |  |  |  |  |  |  |
| 18   | Adjustment for Double Recovery or Corrections   |  |  |  |  |  |  |
| 19   | Test Period 17/18 Trueup - Net Impact on Total Eligible Recovery  |  |  |  |  |  |  |
| 20   | Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 +<br>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 following "Second Order on Reconsideration & Clarification" FCC 18-13

## 27 Adjusted Test Period 2019-2020 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.

## 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)(vii). |  |                          |   |   |                                |  |  |  |
| Name of Reporting Carrier South Central Utah Telephone Association, Inc.   |  |                          |   |   |                                |  |  |  |
| Signature of authorized officer  | hand REm   | t                        |   | Date  | 5 29 19                        |  |  |  |
| Printed name of authorized officer Michael East  |  |                          |   |   |                                |  |  |  |
| Title or position of authorized officer President/CEO  |  |                          |   |   |                                |  |  |  |
| Telephone number of authorized officer: (435) 826-4211   |  |                          |   |   |                                |  |  |  |
| Sludy Area Code of Reporting Carrier   | 502286   |                          | Filing Due Date for this form (mm/dd/yyyy)                            | June 17 2019                                  |                                |  |  |  |
| Persons willfully making false sta<br>503(   | tements on this form ca<br>b), or fine or imprisonme | in be puni:<br>ent under | shed by fine or forfeiture under<br>Title 18 of the United States Cod | the Communications A<br>de, 18 U.S.C. § 1001. | Act of 1934, 47 U.S.C. §§ 502, |  |  |  |

## 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 Telephone Association, Inc.  |                   |  |   |              |                               |  |  |  |
| Signature of authorized officer mic   | ma: 1 DE 1 5/2019 |  |   |              |                               |  |  |  |
| Printed name of authorized officer Michael East   |                   |  |   |              |                               |  |  |  |
| Title or position of authorized officer President/CEO   |                   |  |   |              |                               |  |  |  |
| Telephone number of authorized officer: (43,5) 826-4211   |                   |  |   |              |                               |  |  |  |
| Study Area Code of Reporting Carrier  | 502286            |  | Filing Due Date for this form (mm/dd/yyyy)                          | June 17 2019 |                               |  |  |  |
| Persons willfully making false state<br>503(b   |                   |  | hed by fine or forfeiture under<br>fitle 18 of the United States Co |              | ct of 1934, 47 U.S.C. §§ 502, |  |  |  |

.

# 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 |        |  |                     |            |               |                 |  |  |
|---|--------|--|---------------------|------------|---------------|-----------------|--|--|
|   |        |  |                     |            |               |                 |  |  |
| certify that (Name of Agent) <u>National</u>  |        |  |                     |            |               |                 |  |  |
| reporting carrier. I also certify that I am<br>Agent; and, to the best of my knowledge              |        |  | suring the accuracy | of the dat | a provided to | the Authorized  |  |  |
|   |        |  |                     |            |               |                 |  |  |
| Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)                         |        |  |                     |            |               |                 |  |  |
| Name of Reporting Carrier South Central Utah Telephone Association, Inc.                            |        |  |                     |            |               |                 |  |  |
| Signature of Authorized Officer Michael PESS  |        |  |                     |            |               |                 |  |  |
| Printed name of Authorized Officer Michael East   |        |  |                     |            |               |                 |  |  |
| Title or position of Authorized Officer President/CEO   |        |  |                     |            |               |                 |  |  |
| Telephone number of Authorized Officer: (435) 826-421   |        |  |                     |            |               |                 |  |  |
| Study Area Code of Reporting Carrier  | 502286 | Filing Due Date for this form (mm/dd/yyyy)   | June 17 2019        |            |               |                 |  |  |
| Persons willfully making false statemen   | 100 C  | ed by fine or forfeiture under the Commu<br>ille 18 of the United States Code, 18 U. |                     | 47 U S C   | §§ 502, 503   | (b), or fine or |  |  |

## TO BE COMPLETED BY THE REPORTING CARRIER,

| Certification of Officer as to the Accuracy of the CAF ICC Data Reported   |              |   |              |                                      |  |  |  |  |
|--|--------------|---|--------------|--------------------------------------|--|--|--|--|
| 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<br>nowledge, the information reported on this form is accurate. |              |   |              |                                      |  |  |  |  |
| Name of Reporting Carrier South Central Utah Telephone Association, Inc.   |              |   |              |                                      |  |  |  |  |
| Signature of Authorized Officer  | charl RE     | ł   |              | Date 52919                           |  |  |  |  |
| Printed name of Authorized Officer Mic   | hael East    |   |              | <b>N</b>                             |  |  |  |  |
| Title or position of Authorized Officer  | resident/CEO |   |              |                                      |  |  |  |  |
| Telephone number of Authorized Officer: (435) 826-421  |              |   |              |                                      |  |  |  |  |
| Study Area Code of Reporting Carrier   | 502286       | Filing Due Date for this form<br>(mm/dd/yyyy)   | June 17 2019 |                                      |  |  |  |  |
| Persons willfully making false statement   |              | shed by fine or forfeiture under the Comr<br>r Title 18 of the United States Code, 18 L |              | 47 U.S.C. §§ 502, 503(b), or fine or |  |  |  |  |

| DATA         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       06/01/19         5       Contact Name       alpha characters       Ormond, Annette         6       Contact Telephone Number (include area code)       9 numeric digits       435-826-0248         7       Sheet Number       numeric digit(s)       5         8       Total Number of Sheets       numeric digit(s)         Block 2- Residential Local Service Rates, Fees, and Line Counts         Column 1       Column 2       Column 3         State Subscriber       State Universal       Manditory         Exchange Name/       Zone Name       Cla         Service Charge       State Subscriber       Extended Area       Zone Name       Cla  |                 |  |  |  |  |
|---|-----------------|--|--|--|--|
| 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       06/01/19         5       Contact Name       alpha characters       Ormond, Annette         6       Contact Telephone Number (include area code)       9 numeric digits       435-826-0248         7       Sheet Number       numeric digit(s)       1         8       Total Number of Sheets       numeric digit(s)         Block 2- Residential Local Service Rates, Fees, and Line Counts         Column 1         Column 1       Column 2       Column 3         State Subscriber       State Universal       Manditory       Loops       Column 6         Exchange Name/       Line Charge       Service Fee       Extended Area       Loops       Column 6  |                 |  |  |  |  |
| 3       Service Provider Identification Number       9 numeric digits       143002570         4       Residential Local Service Charge Effective Date       mm/dd/yy       06/01/19         5       Contact Name       alpha characters       Ormond, Annette         6       Contact Telephone Number (include area code)       9 numeric digits       435-826-0248         7       Sheet Number       numeric digit(s)       1         8       Total Number of Sheets       numeric digit(s)         Block 2- Residential Local Service Rates, Fees, and Line Counts         Column 1         Column 1       Column 2         State Subscriber       State Universal         Service Charge       Line Charge   |                 |  |  |  |  |
| 4       Residential Local Service Charge Effective Date       mm/dd/yy       06/01/19         5       Contact Name       alpha characters       Ormond, Annette         6       Contact Telephone Number (include area code)       9 numeric digits       435-826-0248         7       Sheet Number       numeric digit(s)       1         8       Total Number of Sheets       numeric digit(s)         Block 2- Residential Local Service Rates, Fees, and Line Counts         Column 1       Column 2       Column 3       Column 4       Column 5       Column 6       Column 6       Clamer/a       Clamer/a |                 |  |  |  |  |
| 5       Contact Name       alpha characters       Ormond, Annette         6       Contact Telephone Number (include area code)       9 numeric digits       435-826-0248         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         Column 1       Column 2         State Subscriber       State Universal         Service Charge       Line Charge   |                 |  |  |  |  |
| 6       Contact Telephone Number (include area code)       9 numeric digits       435-826-0248         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       Column 2         Column 1       Column 2       Column 3       Column 4       Column 5       Column 6         Service Charge       Line Charge       Service Fee       Extended Area       Loops       Exchange Name/       Cla  |                 |  |  |  |  |
| 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       Column 2       Column 3       Column 4       Column 5       Column 6         Residential Local       State Subscriber       State Universal       Manditory       Loops       Exchange Name/       Cla         Service Charge       Line Charge       Service Fee       Extended Area       Zone Name       Cla  | Ormond, Annette |  |  |  |  |
| 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       Column 2       Column 3       Column 4       Column 5       Column 6       Column 6       Clameric digit(s)         Service Charge       Line Charge       Service Fee       Extended Area       Manditory       Loops       Zone Name       Clameric Clameric   |                 |  |  |  |  |
| 8       Total Number of Sheets       numeric digit(s)         Block 2- Residential Local Service Rates, Fees, and Line Counts         Column 1       Column 2       Column 3       Column 4       Column 5       Column 6         Residential Local       State Subscriber       State Universal       Manditory       Loops       Exchange Name/       Cla         Service Charge       Line Charge       Service Fee       Extended Area       Colum 5       Column 6       Cla   |                 |  |  |  |  |
| Block 2- Residential Local Service Rates, Fees, and Line Counts         Column 1       Column 2       Column 3       Column 4       Column 5       Column 6         Residential Local       State Subscriber       State Universal       Manditory       Loops       Exchange Name/       Cla         Service Charge       Line Charge       Service Fee       Extended Area       Zone Name       Cla  |                 |  |  |  |  |
| Residential Local         State Subscriber         State Universal         Manditory         Loops         Exchange Name/         Cla           Service Charge         Line Charge         Service Fee         Extended Area         Zone Name         Cla  | Column 7        |  |  |  |  |
| Service Charge         Line Charge         Service Fee         Extended Area         Zone Name  | ass Of Service  |  |  |  |  |
|   |                 |  |  |  |  |

| 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:<br>South Centr  | Name of Reporting Carrier:<br>South Central Utah Telephone Association Inc. |   |  |            |       |    |  |
| Signature of Authorized Officer:   | t   |   | Δ  |            | Date: | 19 |  |
| Printed name of Authorized Officer:<br>Michael R. East   |   |   |  |            |       |    |  |
| Title or position of Authorized Officer $\Pr$  | Title or position of Authorized Officer President/CEO                       |   |  |            |       |    |  |
| Telephone number of Authorized Officer   | 35) 826-4211  |   |  |            |       |    |  |
| Study Area Code of Reporting Carrier   | 502286  |   | Filing Due Date for this form (mm/dd/yyyy)                           | 07/01/2019 |       |    |  |
|  | upport) during the period   | - | h Cost Loop Support (or Frozen H<br>through June 2020, but has no mc | -          |       | on |  |