



CONFIDENTIAL-Subject to Protective Order
2020 CAF ICC Data Collection

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

Study Area USAC Reports

[View printer-friendly report]

2020 USAC Data Report (Test Period 2020-2021) ▾

CONNECT AMERICA FUND

[Data to be provided to USAC/FCC in June 2020 for CAF ICC Purposes]

Settlement Type: Cost

Test Period 7/1/20-6/30/21 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 ^ 9)
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 or Estimated Duplicate LSS Costs in CAF II
18	Adjustment for Double Recovery or Corrections
19	Test Period 18/19 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)
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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 2020-2021 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.

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

Access Recovery Charges

Recalculate ARC Rates & CAF Support revenues

Test Period 2020-21 Pre-True-up View Test Period 2020-21 Post-True-Up (Filing) View

Test Period 2020-2021 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 682										
Enterprise 878										
Escalante 826										
Fredonia AZ 643										
Hatch 735										
Hildale 874										
Kanab 644										
Koosharem 638										
Loa 836										
Marysvale 326										
Milford 387										
Minersville 386										
Orderville 648										
Panguitch 676										
Study Area Summary										



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

Historic Intrastate Rates and Demand Data (TRP)

2020 Intrastate TRP Data Report

[\[Go Back to Main Page\]](#)

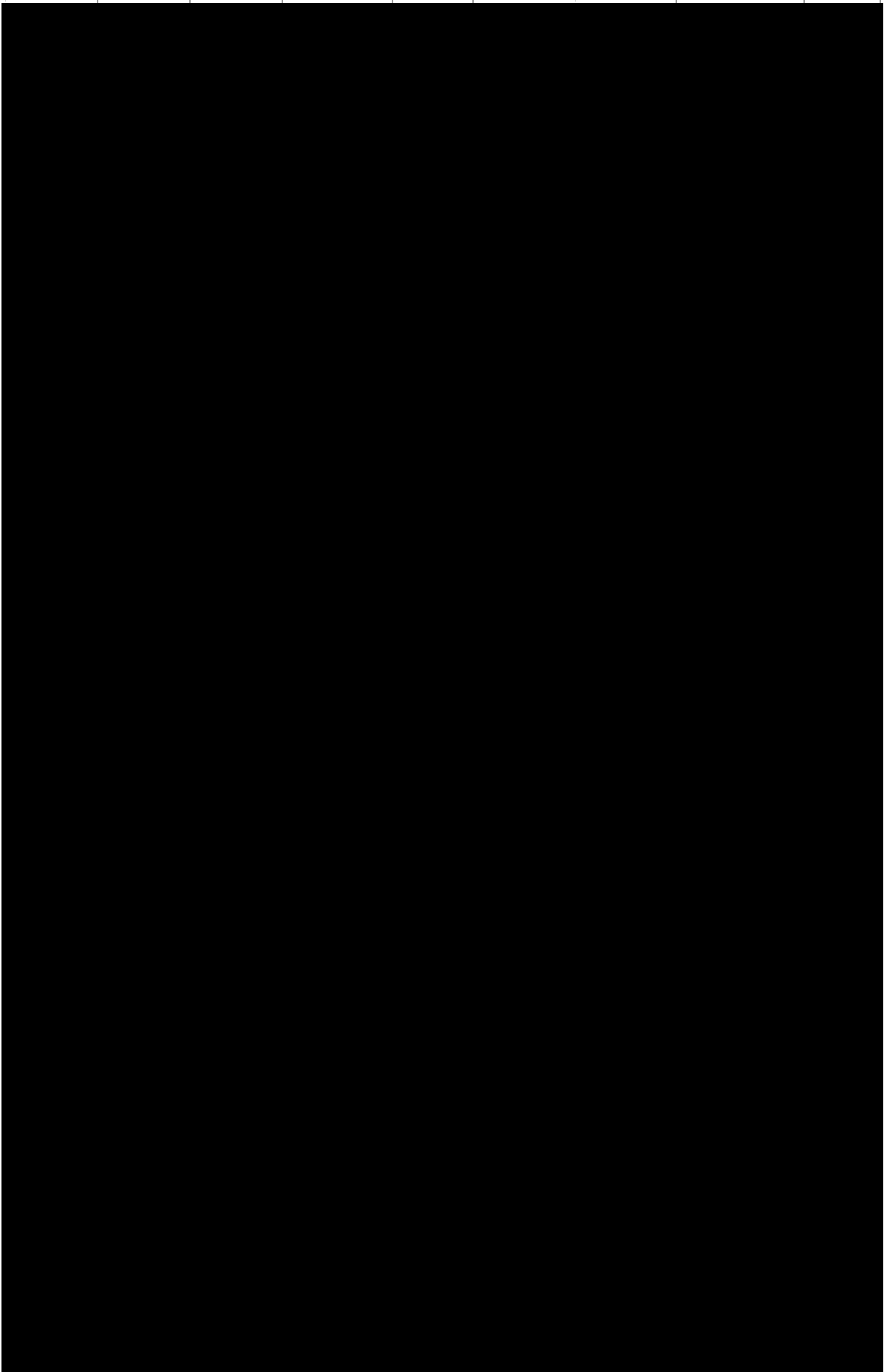
Intrastate Revenues

Test Year 2020-2021 Expected Maximum Intrastate Revenue: **\$16,774.39**

Col D --	Col E --	Col F --	Col G --	Col H --	Col I --	Col J -- H*L	Col K --	Col L --	Col M -- [(L/K)^(12/21)-1]*100	Col N -- H*L
Rate Element Description	Unit of Demand	7/1/2020 Interstate Rate	Test Year 2019-2020 Current Intrastate Rate	7/1/2020 Proposed Intrastate Rate	FY 2011 Intrastate Units: Terminating for Non-Dedicated or Originating and Terminating for Dedicated Elements	Intrastate Price-out with 7/1/2020 proposed intrastate rate and FY2011 Demand	FY 2019 Intrastate Units: Terminating for Non-Dedicated and total for Dedicated Elements	Test Year 2020-2021 Forecasted Intrastate Units	Intrastate Units Growth Rate %	TY 2020-21 Forecasted Intrastate Revenue
Terminating End Office Access Service Terminating End Office, Premium, per access minute	MOU									
Terminating End Office Access Service Terminating End Office, Non-Premium, per access minute	MOU									
Entrance Facility, Per Termination Voice Grade Two Wire	Termination									
Entrance Facility, Per Termination Voice Grade Four Wire	Termination									
Entrance Facility, Per Termination High Capacity DS1	Termination									
Entrance Facility, Per Termination High Capacity DS3	Termination									
Entrance Facility, Per Termination Synchronous Optical Channel OC3	Termination									
Entrance Facility, Per Termination Synchronous Optical Channel OC12	Termination									
Entrance Facility, Per Termination ESALT 2 Mbps	Circuit									
Entrance Facility, Per Termination ESALT 10 Mbps	Circuit									
Entrance Facility, Per Termination ESALT 50 Mbps	Circuit									
Direct Trunked Transport Facility/ Mile Voice Grade - Two Wire & Four Wire	Mile									
Direct Trunked Transport Facility/	Mile									

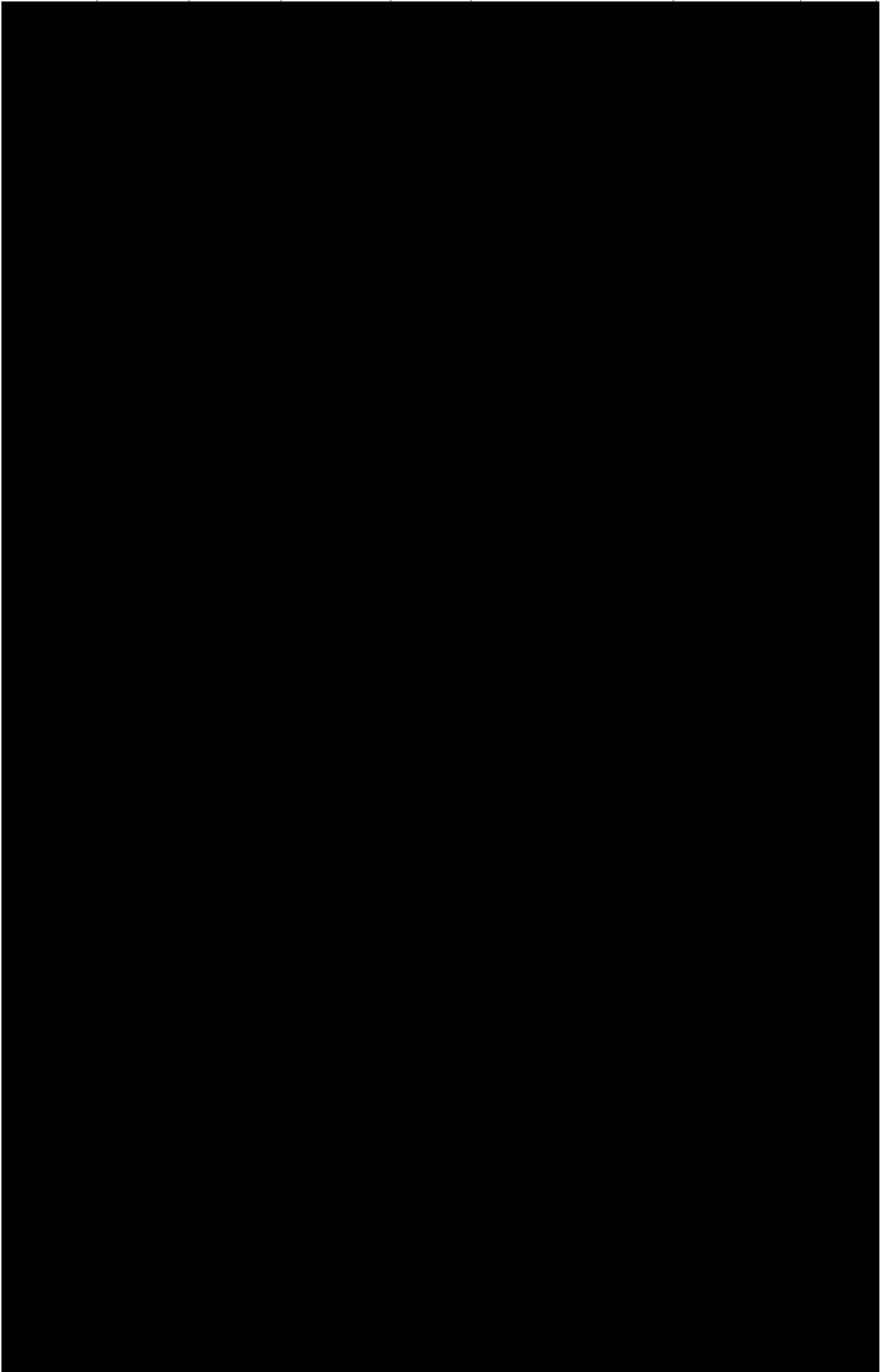
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Facility/Termination Synchronous Optical Channel OC12	
Direct Trunked Transport Facility/Termination ESALT 2 Mbps	Circuit terms
Direct Trunked Transport Facility/Termination ESALT 10 Mbps	Circuit terms
Direct Trunked Transport Facility/Termination 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,	Circuit



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Per ESALT Entrance Facility ESALT 50 Mbps	
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	End Office



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ANI), per End Office, per CIC							
Nonrecurring Charges ESALT 2 Mbps	Facility	[REDACTED]					
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						

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 TEL. ASSN. INC.**

Signature of Authorized Officer: **Michael East**

Digitally signed by Michael East DN:cn=Michael East,email=michae@socen.com,O=south central utah tel. assn. inc., Date:5/26/2020

Date: **5/26/2020**

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)

6/16/2020

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>SOUTH CENTRAL UTAH TEL. ASSN. INC.</u>					
Signature of Authorized Officer: <u>Michael East</u>				Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah tel. assn. inc., Date:5/26/2020	
Date: <u>5/26/2020</u>					
Printed name of Authorized Officer: <u>Michael East</u>					
Title or position of Authorized Officer: <u>President/CEO</u>					
Telephone number of authorized officer: <u>435-826-4211</u>					
Study Area Code of Reporting Carrier		<u>502286</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2020</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: **SOUTH CENTRAL UTAH TEL. ASSN. INC.**

Signature of Authorized Officer or employee: **Michael East**
Digitally signed by Michael East DN:cn=Michael East,email=michae@socen.com,O=south central utah tel. assn. inc., Date:5/26/2020

Date: **5/26/2020**

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)	6/16/2020	
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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 TEL. ASSN. INC.**

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 tel. assn. inc., Date:5/26/2020

Date: **5/26/2020**

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)

6/16/2020

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	06/01/20
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 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							

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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: **6/2/2020**

Printed name of Authorized Officer: **Michael R. 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)	07/01/2020	
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I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2020 through June 2021, but has no monthly residential rates (plus charges as defined) less than \$18.00.