



PO Box 7,35 South State, Fairview, UT 84629 | (435) 427-3331 | (800) 427-8449

UTAH PUBLIC
SERVICE COMMISSION

2012 SEP 14 1:26

302512

August 10, 2012

Mr. Chris Parker, Director
Division of Public Utilities
160 East 300 South, Fourth Floor
Salt Lake City, UT 84111

Re: Skyline Telecom
Annual Reporting Requirements for Eligible Telecommunications Carriers/High Cost Recipients
Docket No. 12-999-07, In the Matter of State Certification of Rural Carriers' Compliance with 47
U.S.C. Section 254(e)

2012 AUG 14 AM 11:02

Dear Mr. Parker:

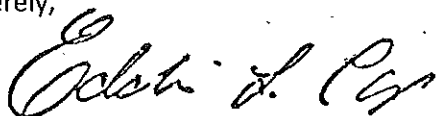
Skyline Telecom ("Skyline") is a state designated eligible telecommunications carrier that receives High Cost Loop support, and as such, as required, pursuant to the Federal Communications Commission ("FCC") USF ICC Transformation Order (FCC 11-161) and 47 CFR 54.313 and 47 CFR 54.304 of the FCC Rules, submitted copies of the following documents to the Utah Public Service Commission on June 29, 2012:

- 1) 2012 Annual Reporting Requirements and Certifications that were filed with the FCC (47 CFR 54.313);
- 2) CAF ICC Data for establishing CUTI's projected eligibility for Intercarrier Compensation Replacement (47 CFR 54.304) that were filed with the FCC and USAC;
- 3) Local Rate floor Data that has been submitted to the FCC and USAC (47 CFR 54.313(h)).

In compliance with Docket No. 12-999-07, Skyline Telecom is submitting the above referenced documents to the Division of Public Utilities.

Further, the Company certifies to the Commission that all federal high-cost support provided to Skyline Telecom was used in the preceding calendar year and will be used in the coming calendar year only for the provision, maintenance, and upgrading of facilities and services for which the support is intended.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eddie L. Cox".

Eddie L. Cox
President

Enclosures

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

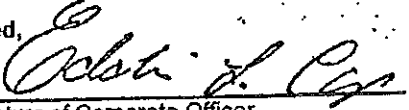
I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities,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

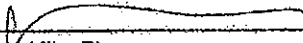
Study Area: 502283 SKYLINE TELECOM
 Settlement Type: Average Schedule

Area	Count	Rate	Value	Rate	Value	Rate	Value	Rate	Value	Rate	Value	Rate	Value
Dugway	107	\$0.50	\$642.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Goshon	302	\$0.50	\$1,812.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Moreni	452	\$0.50	\$2,712.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$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/CC Recovery

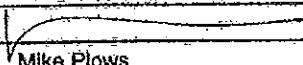
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/CC support requested pursuant to §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 Date 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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

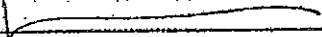
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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)(vi).

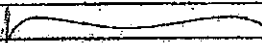
Name of Reporting Carrier: Skyline Telecom			
Signature of authorized officer: 		Date:	5/23/2012
Printed name of authorized officer: Mike Plows			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (702) 396-0151			
Study Area Code of Reporting 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		Date: 5/23/2012	
Signature of Authorized Officer: 			
Printed name of Authorized Officer: Mike Plaws			
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 Date Data for this form (mm/dd/yyyy): 08/18/2012	
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

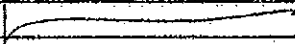
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
I certify that (Name of Agent) <u>National Exchange Carrier Association, Inc. (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 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: <u>National Exchange Carrier Association, Inc. (NECA)</u>			
Name of Reporting Carrier: <u>Skyline Telecom</u>			
Signature of Authorized Officer: 			Date: <u>5/23/2012</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>(702) 396-0151 ext.</u>			
Study Area Code of Reporting Carrier	<u>502283</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/18/2012</u>
Persons who knowingly make 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			

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

Rate Floor Data

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

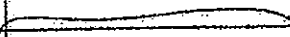
Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier				
<p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the 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/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