

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

SERVICE COMMISSION

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August 10, 2012

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

7017 BIO 1

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)

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,

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 Do	cket No. 10-90
§ 54.31	3(a)(2) – Outage reporting
X	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.
§ 54.31	3(a)(3) – Unfulfilled service requests
X	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.
§ 54.31	3(a)(4) - Customer complaints per 1000 connections
X	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.
§ 54.3	13(a)(5) – Service quality standards and consumer protection rules
	rtify that the reporting carrier is in compliance with applicable service quality standards and summer protection rules.
§ 54.3°	13(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	Ulah	502283

(If necessary, attach a separate list of additional study areas and check this box.)

Signed, Oclob of Con

Date:

June 28, 2012

[Signature of Corporate Officer

Eddie L. Cox

[Printed Name of Corporate Officer]

President

[Title of Corporate Officer]

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 CAFICC Purposes -Provided Concurrent with NECA 2012 Annual Tariff Filing

Study Area: 502283 SKYLINE TELECOM Settlement Type: Average Schedule

	erson and the same of the companies decided as a selection of the same of the	
	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 Intercarrier Compensation (ICC) Rates	
7.	Interstate Switched Access Revenues	\$350,737
8.	Transitional Intrastate Access Service Revenues	\$125,840
9.	Net Transitional Reciprocal Compensation Revenues	\$(
10.	Total ICC Revenue (Line 7 + Line 8 + Line 9)	\$476,57
	Eligible Recovery	
11.	TRS Increment	\$2,00
12.	Regulatory Fees Increment	\$20
13.	NANPA Increment	\$
14.	State Terminating Access Support Fund Revenue To Be Received	\$
15.	Interstate Local Switching Support for Price Cap Affiliates	\$
16.	Eligible Recovery (Line 6 - Line10) + (Line 11 + Line 12 + Line13) - (Line 14 + Line 15)	\$87,35
	Revenues From Access Recovery Charges (ARC)	
17.	Residential ARC Annual Revenues	\$7,41
18.	Single Line Business ARC Annual Revenues	\$48
19.	Multi-Line Business ARC Annual Revenues	\$8,67
20.	Total ARC Annual Revenues (Line 17 + Line 18 + Line 19)	\$16,56
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Notes:

Calculation may not hold true for study areas affiliated with a holding company if they elected to reallocate ARC revenue recovery between study areas.

^{**} NECAestimate provided for informational purposes only - actual to be calculated by USAC



Pata Provided to USAC/FCC For CAF ICC Purposes -Provided Concurrent with NECA 2012 Annual Tariff Filing Study Area: 502263 SKYLINE TELECOM Settlement Type: Average Schedule

		70,00								
Dugway	107	\$0.50	\$642.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Eureka	213	\$0.50	\$1,279.00		\$0.00	\$0.00		\$0.00	\$0.00	00*0\$
Goshon	302	\$0.50	\$1,812.00		\$0,00	\$0.00		\$0.00	\$0.00	\$0.00
Moroni	452	\$0.50	\$2,712.00		30.00	\$0.00		\$0.00	\$0.00	\$0.00
Wendover	161	\$0.50	\$966.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
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/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 completed with Eligible Recovery \$51,917(d) and Access Recovery Charge \$51,917(a) and is eligible to receive the CAF (CC support requested pursuant to \$51,917(f)). Name of Reporting Carrier Skylline Tellecom Signature of Reporting Carrier Skylline Tellecom Date 5/23/2012 Printed name of suphorized officer Telephone number of suphorized officer (702) 396-0151 Study Area Code of Reporting Center 502283 Persons willfully making false statements on this form can be pugished by fine or forteiture 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

Contification	n of Officer for F	Rate-of-Return Carrier Not-Seeking) Duplicative Rec	overy
I certify that Lam an officer of the the state jurisdiction for any Eligib	reporting cattler and the Recovery subject to	that, to the best of my knowledge, this report the recovery mechanism as per \$1.917(d)(vi	rting carrier is not seck i).	ing duplicative recovery in
Names of Reporting Carner Skylline Te	lecom			
Signature of eutronzed orticer			Data	5/23/2012
Printed name of authorized officer MIKO	Plows			
Title or position of authorized ordicer. Chil	ef Financial Of	filcer		
	702) 396-0151			
Study Area Code of Reporting Carner	502283	Filing Dob Date for this form union/60/yyy)	06/18/2012	1 C. 5 8 34 27 50
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TO BE COMPLETED BY THE REPORTING CARRIER,

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I certify that fairs on officer of the reports knowledge, the information reported on	ing carrier; my respo this form is accurat	onsibsities include ensuring the accuracy of क	gue ectras quis sébou	led; and, to the best of my
tisma of Reporting Carrier Skyline. Tel	lecom			
Signature of Aushonized Officer				Date 5/23/2012
Printed name of Authorized Officer Mike	Plaws		<u> </u>	
Tiste or position of Authorized Officer Chile	el Financial Oil	icer		
Telephone number of Authorized Officer	(702) 396-015	1 au		
Study Avies Gode of Reporting Carrier	502283	Fang Doe Date for this form (mm/dd/yyyy)	06/18/2012	
	richusolation pa s qu'unis soluit cair pa s	pursoned by fine or lone-ture woder the Corimus ander Table 18 of the United States Code, 18 U.S	ricebons Act of 1034, A	17 U.S.C. §§ 502, 503(b), or free or

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

Certification o	f Officer to Autho	rize an Agent to File Data Reporter	on Behall of Ro	porting Catrier
reporting carrier. I plso certify that I	to put to posite as ma	er <u>Association: Inc. (NECA)</u> is sections sociling carrier; my responsibilities include o oxided to the Authorized Agent are accurate.	papulya tha accounty :	mation reported on behalf of the of the data provided to the Authorized
Harre of Autromos Agent, National	Exchairge Carrier A	Issociation, Inc. (NECA)		
Name of Reporting Corner Skyline	l'elecom			
Synaptre of Authorized Offices				Data 5/23/2012
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Telephone humby of Authorized Officia	リブのついつじた のもち	1 04		
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SKYLINE TELECOM Local Rate Floor Data (47 CFR 54.313(h). TO BE COMPLETED BY THE REPORTING CARRIER, IR AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Carlifiantian à	d Margar	a Arithanier	on Anani	to File Rate Floor Date	s an Bahali at Da	namium Paroles
I certify that <u>National if</u> the information reported include analyting the ac- actual rate floor data pro-	Exchange C d on behalf oursey of the ovided to the rized to sub d herein ba	anier Associa of the report he actual rate ne authorized	on (NECA) ng carrier, floor data i agent is ac	Talso certify that I am an o	hard the reports again, to the b	authorized to eubmit ng carrier: my responsibilities est of my knowledge, the
Name of Austronized Agent . Natio			ssociation (NECA)		
Name of Reporting Cernier Skylin	ne Telec	om				
Signature of authorizoid officer						_{Date} June 19, 2012
Profed name of authorized officer	Mike Plo	ws				
Tide or position of authorized officer	Chief Fi	nancial Of	ficer			
Telephone rumbor of authorized off	oc (435)	427-3331	est.			
Study Area Code of Raporting Carrie	_{er} 5	02283	(C)	Filing Due Date for this form (mmA/D))))	7/11/2012	
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Certification	on of Officer as to the	e Accuracy of the Data Reported fo	or the Rate Fl	oor Data
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ignative of authorized officer Mi	ke Plows Chief Financial Offic			_{Date} June 19, 2012