

*The Public Utilities Commission of Ohio*  
**TELECOMMUNICATIONS FILING FORM**

(Effective: 01/20/2011)

This form is intended to be used with most types of required filings. It provides check boxes with rule references for the most common types of filings. It does not replace or supersede Commission rules in any way.

In the Matter of the Application of New Knoxville Telephone )  
Company to Implement BLES Rate Change )  
) )  
) )

TRF Docket No. 90-5029-TP-TRF

Case No. \_\_\_ - \_\_\_ - **TP** - TRF

NOTE: Unless you have reserved a Case #, leave the "Case No" fields BLANK.

Name of Registrant(s) New Knoxville Telephone

DBA(s) of Registrant(s) \_\_\_\_\_

Address of Registrant(s) 301 West South Street, PO Box 219, New Knoxville, Ohio 45871

Company Web Address \_\_\_\_\_

Regulatory Contact Person(s) Eileen M Bodamer

Phone 770-649-1886

Fax 770-645-6545

Regulatory Contact Person's Email Address Eileen@Bodamer.com

Contact Person for Annual Report Susan Quellhorst

Phone 419-753-2457

Address (if different from above) \_\_\_\_\_

Consumer Contact Information Susan Quellhorst

Phone 419-753-2457

Address (if different from above) \_\_\_\_\_

Motion for protective order included with filing?  Yes  No

Motion for waiver(s) filed affecting this case?  Yes  No [Note: Waivers may toll any automatic timeframe.]

**Notes:**

Section I and II are Pursuant to Chapter [4901:1-6](#) OAC.

Section III – Carrier to Carrier is Pursuant to [4901:1-7](#) OAC, and Wireless is Pursuant to [4901:1-6-24](#) OAC.

Section IV – Attestation.

(1) Indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

(2) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.

(3) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at [www.puco.ohio.gov](http://www.puco.ohio.gov) under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.

(4) An Incumbent Local Exchange Carrier (ILEC) offering basic local exchange service (BLES) outside its traditional service area should choose CLEC designation when proposing to offer BLES outside its traditional service area or when proposing to make changes to that service.

**All Filings that result in a change to one or more tariff pages require, at a minimum, the following exhibits.**

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s)
B	The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

**Section I – Part I - Common Filings**

<b>Carrier Type</b> <input type="checkbox"/> <b>Other</b> (explain below)	<input checked="" type="checkbox"/> <b>For Profit ILEC</b>	<input type="checkbox"/> <b>Not For Profit ILEC</b>	<input type="checkbox"/> <b>CLEC</b>
Change terms & conditions of existing BLES	<input type="checkbox"/> ATA <a href="#">1-6-14(H)</a> (Auto 30 days)	<input type="checkbox"/> ATA <a href="#">1-6-14(H)</a> (Auto 30 days)	<input type="checkbox"/> ATA <a href="#">1-6-14(H)</a> (Auto 30 days)
Introduce non-recurring charge, surcharge, or fee to BLES			<input type="checkbox"/> ATA <a href="#">1-6-14(H)</a> (Auto 30 days)
Introduce or Increase Late Payment	<input type="checkbox"/> ATA <a href="#">1-6-14(I)</a> (Auto 30 days)	<input type="checkbox"/> ATA <a href="#">1-6-14(I)</a> (Auto 30 days)	<input type="checkbox"/> ATA <a href="#">1-6-14(I)</a> (Auto 30 days)
Revisions to BLES Cap.	<input type="checkbox"/> ZTA <a href="#">1-6-14(F)</a> (0 day Notice)		
Introduce BLES or expand local service area (calling area)	<input type="checkbox"/> ZTA <a href="#">1-6-14(H)</a> (0 day Notice)	<input type="checkbox"/> ZTA <a href="#">1-6-14(H)</a> (0 day Notice)	<input type="checkbox"/> ZTA <a href="#">1-6-14(H)</a> (0 day Notice)
Notice of no obligation to construct facilities and provide BLES	<input type="checkbox"/> ZTA <a href="#">1-6-27(C)</a> (0 day Notice)	<input type="checkbox"/> ZTA <a href="#">1-6-27(C)</a> (0 day Notice)	
Change BLES Rates	<input checked="" type="checkbox"/> TRF <a href="#">1-6-14(F)</a> (0 day Notice)	<input type="checkbox"/> TRF <a href="#">1-6-14(F)(4)</a> (0 day Notice)	<input type="checkbox"/> TRF <a href="#">1-6-14(G)</a> (0 day Notice)
To obtain BLES pricing flexibility	<input type="checkbox"/> BLS <a href="#">1-6-14(C)(1)(c)</a> (Auto 30 days)		
Change in boundary	<input type="checkbox"/> ACB <a href="#">1-6-32</a> (Auto 14 days)	<input type="checkbox"/> ACB <a href="#">1-6-32</a> (Auto 14 days)	
Expand service operation area			<input type="checkbox"/> TRF <a href="#">1-6-08(G)</a> (0 day)
BLES withdrawal			<input type="checkbox"/> ZTA <a href="#">1-6-25(B)</a> (0 day Notice)
<b>Other*</b> (explain) _____			

**Section I – Part II – Customer Notification Offerings Pursuant to Chapter [4901:1-6-7 OAC](#)**

Type of Notice	Direct Mail	Bill Insert	Bill Notation	Electronic Mail
<input type="checkbox"/> 15-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 30-day Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Date Notice Sent: February 10, 2014</b>				

**Section I – Part III –IOS Offerings Pursuant to Chapter [4901:1-6-22 OAC](#)**

IOS	Introduce New	Tariff Change	Price Change	Withdraw
<input type="checkbox"/> IOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section II – Part I – Carrier Certification - Pursuant to Chapter [4901:1-6-08, 09 & 10 OAC](#)**

<b>Certification</b>	<b>ILEC (Out of Territory)</b>	<b>CLEC</b>	<b>Telecommunications Service Provider Not Offering Local</b>	<b>CESTC</b>	<b>CETC</b>
* See Supplemental form	<input type="checkbox"/> ACE <a href="#">1-6-08</a> * (Auto 30- day)	<input type="checkbox"/> ACE <a href="#">1-6-08</a> * (Auto 30 day)	<input type="checkbox"/> ACE <a href="#">1-6-08</a> * (Auto 30 day)	<input type="checkbox"/> ACE <a href="#">1-6-10</a> (Auto 30 day)	<input type="checkbox"/> UNC <a href="#">1-6-09</a> * (Non-Auto)

\*Supplemental Certification forms can be found on the Commission Web Page.

**Section II – Part II – Certificate Status & Procedural**

<b>Certificate Status</b>	<b>ILEC</b>	<b>CLEC</b>	<b>Telecommunications Service Provider Not Offering Local</b>
Abandon all Services		<input type="checkbox"/> ABN <a href="#">1-6-26</a> (Auto 30 days)	<input type="checkbox"/> ABN <a href="#">1-6-26</a> (Auto 30 days)
Change of Official Name *	<input type="checkbox"/> ACN <a href="#">1-6-29(B)</a> (Auto 30 days)	<input type="checkbox"/> ACN <a href="#">1-6-29(B)</a> (Auto 30 days)	<input type="checkbox"/> CIO <a href="#">1-6-29(C)</a> (0 day Notice)
Change in Ownership *	<input type="checkbox"/> ACO <a href="#">1-6-29(E)</a> (Auto 30 days)	<input type="checkbox"/> ACO <a href="#">1-6-29(E)</a> (Auto 30 days)	<input type="checkbox"/> CIO <a href="#">1-6-29(C)</a> (0 day Notice)
Merger *	<input type="checkbox"/> AMT <a href="#">1-6-29(E)</a> (Auto 30 days)	<input type="checkbox"/> AMT <a href="#">1-6-29(E)</a> (Auto 30 days)	<input type="checkbox"/> CIO <a href="#">1-6-29(C)</a> (0 day Notice)
Transfer a Certificate *	<input type="checkbox"/> ATC <a href="#">1-6-29(B)</a> (Auto 30 days)	<input type="checkbox"/> ATC <a href="#">1-6-29(B)</a> (Auto 30 days)	<input type="checkbox"/> CIO <a href="#">1-6-29(C)</a> (0 day Notice)
Transaction for transfer or lease of property, plant or business *	<input type="checkbox"/> ATR <a href="#">1-6-29(B)</a> (Auto 30 days)	<input type="checkbox"/> ATR <a href="#">1-6-29(B)</a> (Auto 30 days)	<input type="checkbox"/> CIO <a href="#">1-6-29(C)</a> (0 day Notice)

\* Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see [the 4901:1-6-29 Filing Requirements on the Commission's Web Page](#) for a complete list of exhibits.

**Section III – Carrier to Carrier (Pursuant to [4901:1-7](#)), and Wireless (Pursuant to [4901:1-6-24](#))**

<b>Carrier to Carrier</b>	<b>ILEC</b>	<b>CLEC</b>
Interconnection agreement, or amendment to an approved agreement	<input type="checkbox"/> NAG <a href="#">1-7-07</a> (Auto 90 day)	<input type="checkbox"/> NAG <a href="#">1-7-07</a> (Auto 90 day)
Request for Arbitration	<input type="checkbox"/> ARB <a href="#">1-7-09</a> (Non-Auto)	<input type="checkbox"/> ARB <a href="#">1-7-09</a> (Non-Auto)
Introduce or change c-t-c service tariffs,	<input type="checkbox"/> ATA <a href="#">1-7-14</a> (Auto 30 day)	<input type="checkbox"/> ATA <a href="#">1-7-14</a> (Auto 30 day)
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC <a href="#">1-7-04</a> or 05 (Non-Auto)	
Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights-of-Way.	<input type="checkbox"/> UNC <a href="#">1-7-23(B)</a> (Non-Auto)	
<b>Wireless Providers</b> See <a href="#">4901:1-6-24</a>	<input type="checkbox"/> RCC [Registration & Change in Operations]	<input type="checkbox"/> NAG [Interconnection Agreement or

**Section IV. – Attestation**

**Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.**

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**AFFIDAVIT**  
***Compliance with Commission Rules***

I am an officer/agent of the applicant corporation, New Knoxville Telephone Company, and am authorized to make this statement on its behalf.

/s/ Preston Meyer  
(Name)

Please Check ALL that apply:

I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission’s rules as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I attest that customer notices accompanying this filing form were sent to affected customers, as specified in Section II, in accordance with Rule 4901:1-6-7, Ohio Administrative Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) March 10, 2016 at (Location) New Knoxville, OH

\*(Signature and Title) /s/ Preston Meyer, General Manager (Date) March 10, 2016

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- *This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

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**VERIFICATION**

I, Eileen M Bodamer verify that I have utilized the Telecommunications Filing Form for most proceedings provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

\*(Signature and Title) /s/ Eileen M Bodamer, Authorized Consultant (Date) March 10, 2016

*\*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

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***Send your completed Application Form, including all required attachments as well as the required number of copies, to:***

**Public Utilities Commission of Ohio**  
**Attention: Docketing Division**  
**180 East Broad Street, Columbus, OH 43215-3793**  
**Or**  
***Make such filing electronically as directed in Case No 06-900-AU-WVR***

## **LIST OF EXHIBITS**

- Exhibit A:** Tariff pages subject to the proposed changes, as they currently exist
- Exhibit B:** Tariff pages subject to the proposed changes, with appropriate markings on the page
- Exhibit C:** Explanation for filing.
- Exhibit D:** Copy of the notice provided to customers, and affidavit that notice was properly provided.

**EXHIBIT A**  
(Current Tariff Sheets)

P.U.C.O NO. 8

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EXCHANGE RATES

Throughout the exchange area of the New Knoxville exchange

	<u>Monthly Rate</u>	<u>Maximum Rate</u>
Residential Exchange Basic Rate, per access line	\$ 9.10 (I)	\$ 9.10 (I)
Business Basic Exchange Rate, per access Pay station access line	\$ 11.05 (I) Business Rate Applies	\$ 11.05 (I)
Coin Supervision	\$ 7.50	
Touch Tone Dialing:	Included in Exchange Rates	

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ISSUED: February 12, 2014

EFFECTIVE: March 1, 2014

Issued under authority of the Public Utilities Commission of Ohio, in Case No. 90-5029-TP-TRF

Preston Meyer, General Manager  
New Knoxville, OH 45871

**EXHIBIT B**  
**(Proposed Tariff Sheets)**



P.U.C.O NO. 8

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EXCHANGE RATES

Throughout the exchange area of the New Knoxville exchange

	<u>Monthly Rate</u>	<u>Maximum Rate</u>
Residential Exchange Basic Rate, per access line	\$ 10.35 (I)	\$ 10.35 (I)
Business Basic Exchange Rate, per access Pay station access line	\$ 12.30 (I) Business Rate Applies	\$ 12.30 (I)
Coin Supervision	\$ 7.50	
Touch Tone Dialing:	Included in Exchange Rates	

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ISSUED: March 10, 2016

EFFECTIVE: April 1, 2016

Issued under authority of the Public Utilities Commission of Ohio, in Case No. 90-5029-TP-TRF

Preston Meyer, General Manager  
New Knoxville, OH 45871

## **EXHIBIT C**

In this Application, New Knoxville Telephone Company seeks to increase its local services rates under BLES pricing flexibility. The company adopted BLES in June 2012.

**EXHIBIT D**  
**(Customer Notice)**

The customer notice attached hereto will be mailed to customers with their March 10, 2016 invoice. On that same date, the notice was forwarded to the Commission-provided electronic mailbox ([Telecomm-Rule07@puc.state.oh.us](mailto:Telecomm-Rule07@puc.state.oh.us)) in accordance with Ohio Adm. Code 4901:1-6-14(F)(5).

## CUSTOMER NOTICE AFFIDAVIT

### AFFIDAVIT

I, Susan Quellhorst, am a representative of New Knoxville Telephone Company and am authorized to make this statement on its behalf.

I attest that the customer notice accompanying this affidavit was sent to all customers as a bill message on March 10, 2016 in accordance with Rule 4901:1-6-07, Ohio Administrative Code. I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date): March 10, 2016 at New Knoxville, Ohio

Signature: Susan Quellhorst

Effective with your April bill, New Knoxville Telephone Company will implement a revised rate schedule for basic local exchange service for customers throughout its exchange area. The affected services and revised rates will be as follows:

Residential Exchange Rate, per access line	\$ 10.35
Business Exchange Rate, per access	\$ 12.30