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PUCO

July 1, 2013

Barcy McNeal
Docketing Division
The Public Utilities Commission of Ohio
180 E. Broad St.
11th Floor
Columbus, OH 43215

Re:

13-1115-TP-COI – Annual Filing Requirements Pertaining to the

Provisioning of High Cost Universal High Cost

Fund Support -

Dear Ms. McNeal:

Pursuant to the Commission's June 27, 2013 Entry and the FCC's June 10, 2013 Order; the following ETCs are filing a copy of their July 1, 2013, 47 C.F.R. §54.313(h) responses to the FCC in the above captioned docket. All other 47 C.F.R. §54.313 responses should be filed in this docket consistent with the FCC's future established time frame.

Company:

Ayersville Telephone Company
Benton Ridge Telephone Company
The Champaign Telephone Company
Conneaut Telephone Company
Doylestown Telephone Company
The Ottoville Telephone Company
Sherwood Mutual Telephone Association, Inc.

Please contact me if you have any questions regarding this filing.

Sincerely,

Judith E. Matz

Director, Regulatory Affairs

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 Offic	er to Authorize an Agent to File Rate Floor I	Data on Behalf of R	eporting Carrier
I certify that National Exchan- the information reported on be include ensuring the accuracy actual rate floor data provided	ne Carrier Association (NECA) har of the reporting carrier. I also certify that I am of the actual rate floor data provided to the authori to the authorized agent is accurate.	an officer of the repor zed agent, and, to the	s authorized to submit ling carrier; my responsibilities best of my knowledge, the
I certify that I am authorized to the information reported hereis reported herein is accurate.	submit the information reported on this form on be tassed on data provided by the reporting carrier; a	ehalf of the reporting c and to the best of my k	amer, that I have provided nowledge the information
Name of Authorized Agent National Exc	change Carrier Association (NECA)		
Name of Reporting Carrier A 488	sville Telephone Co.		
Signature of authorized officer	Ably D'Many		Date 4/4/13
Printed name of authorized officer	Millia D. Mara		
Title or position of authorized officer	Sec. / Treas		
Telephone number of authorized officer. (193325-2223ext		
Study Area Code of Reporting Carrier	0588 Filing Due Date for this for (mm/dd/yyy)	m 7/1/2013	The Constitution of the Co

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Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data						
I certify that fam an officer of reported; and, to the best of a	i the reporting carrier; r my knowledge, the info	my responsibilities include ensuring the emation reported on this form is accura	accuracy of the ste.	actual rate floor data		
Name of Reporting Carrier	Aursyille	Telephone Co.				
Signature of authorized officer	sets. A	Yana		Date 6 4 13		
Printed name of authorized officer	VPhillip	D. Raga				
Title or position of authorized officer	Ser. 1 -	eas). T				
Telephone number of authorized officer	11 (49)395 222	à.				
Study Area Code of Reporting Carrier	0588	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013			

		RAT	TE FLOOR DATA CO	LLECTION - O	OMB Contro	Number 3	060-0986
Block 1	- Contact information		Burning and				
ROW#	DATA E	FEMENT	FORMA REQUES DATE	STED			RESPONSE
†	Carrier Study Area Code	***	6 numeric dig	gits .	300588		
2	Carrier Study Area Name		aipha charac	ters	AYERSVI	LLE TEL. CO.	
3	Service Provider Identific	ation Number	9 numeric dig	gits .	14300164	9	
4	Residential Local Service	ce Charge Effective Date	mm/dd/yy		06/01/13		
5	Contact Name		alpha chareci	cters Maag, Phillip D			
6	Contact Telephone Numi	per (include erea code)	9 numeric dig	its	419-395-2222		
7	Sheet Number		numeric digit((5)			
8	Total Number of Sheets		numeric digit((5)			
			Block 2- Residential)	Local Service R	tates, Fees,	and Line Cou	units
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column Mandito Extended A Service Ch	ory Area	Column 5 Loops	
9	12.35					706	

	RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986						
ROW#	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE				
1	Carrier Study Area Code	6 numeric digits	300590				
2	Carrier Study Area Name	alpha characters	BENTON RIDGE TEL. CO.				
3	Service Provider Identification Number	9 numeric digits	143001651				
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13				
5	Contact Name	alpha characters	Ellerbrock, Martin L				
6	Contact Telephone Number (include area code)	9 numeric digits	419-859-2144				
7	Sheet Number	numeric digit(s)					
8	Total Number of Sheets	numeric digit(s)					

		H32.039		er e	1	
	Column 1	Column 2	Column 3	Column 4	Column 5	
	Residential Local	State Subscriber	State Universal	Manditory	Loops	
	Service Charge	Line Charge	Service Fee	Extended Area		
				Service Charge		
					Į	
9						

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I cartify 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 BENTON	N RIDGE TEL CO)			
Signature of authorized officer Rue	Mulle	our.		Date 5/3//13	
Printed name of authorized officer Ker	n Williams			•	
Title or position of authorized officer	resident & CEO				
Telephone number of authorized officer: (4	19) 859-2144 _{ext.}				
Study Area Code of Reporting Carrier	300590	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013		
certify that our company receives or is defined) less than \$14.	projected to receive High Co	est Loop Support or High Cost Model Support in	2013 and has no mo	onthly residential rates (plus char	ges as

Rale Floor Data

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

I certify that <u>National Exchan</u> the Information reported on be include onsuring the accuracy actual rate floor data provided I certify that I am authorized to the information reported herei	ge Carrier Associ half of the repor of the actual rat to the authorize	ee an Agent to File Rate Floor Data of allon (NECA) Ting carrier. I also certify that I am an offi e floor data provided to the authorized ag d agent is accurate. mation reported on this form on behalf of provided by the reporting carrier; and to least to the second sec	is car of the report ent; and, to the	authorized to submit ing carrier; my responsibilities sest of my knowledge, the
		Association (NECA)		
Signature of authorized officer	Lamy 4	1. Kum		Date 6/5/13
Printed name of authorized officer Tiffan	y M. Kulvine	n		
Title or position of authorized officer Chie	f Financial C	fficer		
Telephone number of authorized officer; (9	37), 653-226	3 _{ext}		
	T	Filing Oue Date for this form		

Certification	of Officer as t	to the Accuracy of the Data Reported f	οτ the Rate F	oor Data
		er; my responsibilities include ensuring the a information reported on this form is accurate		ectual rate floor data
. The Cham	paign Teleph	none Company		
Name of Reporting Carrier TRE Cham	gp.	ione company		
torio di Italianti Gottali		· K~~~		_{Dale} 6/5/13
Signature of authorized officer 114	yany 44 iy M. Küivine	·Kvs		Date 6/5/13
Signature of authorized officer Tiffan Printed name of authorized officer Chic	yany Y	. Kvin		Dale 6/5/13
Signature of authorized officer Printed name of authorized officer Title or position of authorized officer Chie	yany 4 y M. Kuivine	n Officer		Date 6/5/13

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	300594
2	Carrier Study Area Name	alpha characters	THE CHAMPAIGN TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001653
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Kuivinen, Tiffany Marie
6	Contact Telephone Number (include area code)	9 numeric digits	937-653-2263
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 Manditory Extended Area Service Charge	Column 5 Loops
9	13.72	0.00	0.00	0.00	13
10	13.92	0.00	0.00	0.00	1,742

Rate Floor Template

Certification of Officer as		

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 CONNEA	LIT TELEPHO	NE COMPANY		
Name of Reporting Carrier COINING	OI ILLEFIIO	A COMPANT		
Signature of authorized officer	rand I	lizard		Date 06/12/2013
	REN L PICARD			
Title or position of authorized officer CF	0			
Telephone number of authorized officer:	440), 593-7127	, ext.		
Study Area Code of Reporting Carrier	300606	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	
4 .				

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW		FORMAT OF	
#	DATA ELEMENT	REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	300606
2	Carrier Study Area Name	alpha characters	CONNEAUT TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143001657
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	PICARD, KAREN L
6	Contact Telephone Number (include area code)	9 numeric digits	440-593-7127
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 4	
				Manditory	
		Column 2 State		Extended Area	
		Subscriber Line	Column 3 State Universal	Service	Column 5
	Column 1 Residential Local Service Charge	Charge	Service Fee	Charge	Loops
9	11.80	0.00	0.0	0.00	2566

Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certificatio	n of Officer as to t	the Accuracy of the Data I	Reported for the Ra	te Floor Data
l certify that I am an officer of t reported ; and, to the best of m	he reporting carrier; i ly knowledge, the info	my responsibilities include en ormation reported on this form	euring the accuracy of its accurate.	the actual rate floor data
Name of Reporting Carrier	ylexitens "	Telephone G.		
Signature of authorized officer	Thoms	Brozen		Date 6/28/12
Printed name of authorized officer	Thomas L	U. Brockm-	-	
Title or position of sujfigsted officer	Premiler	<u> </u>		
Telephone number of authorized officer:	(33×)458. 2-12.1		nie form	
Study Area Code of Reporting Center	<u> </u>	Filing Due Date for the Committee of the	(A) (M) (I)	

Rate Floor Data

		RATE FLOOR	DATA COLL	ECTION - OM	3 Control N	umber 3060-0986	
Block		Na Daniel III			De la Maria de la Companya de la Com		
Complete S.	min-1/44.	and the second section of the second	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	FORMAT OF	Service Service Manual Association		
ROW#	DATA ELEMENT			REQUESTED DATA	PESPONSE		
1	Carrier Study Area Code			B numeric digita	36	1060J	
2	Carrier Study Area Name			elpha characters	Daylestown Tokohono Cermany		
	Service Provider Identification Number			9 numeric digits	.4.	43001659	
4	Residential Local	Service Charge Eff	ective Date	mm/do/yyyy	⊘ ⊊	198 1/9	
- 6	Contact Name			Ripha cheracters	David Jones		
9	Centact Telephone	Number (include an	ea code)	9 numeric digita	<u> </u>	-658-3401	
7	Sheat number			numeric digil(s)		4	
8	Total Number of Sh	naels		numerio digit(s)			
10-10							
		Land of the same					
	Gotumn 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Galumn 3 State Universal Service Fee	Column 4 Mendatory Extended Area Service Charge	Column 5 Loops		
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Rate Floor Template

Certification	of Officer as to	the Accu	racy of the Data Reported	for the Rate F	loor Data
i certify that I am an officer of the reported ; and, to the best of my i					actual rate floor data
Name of Reporting Carrier The Ottovi	ile Mutual Tele	phone C	отралу		
Signature of authorized officer	100 He	netia			Date 06/04/2013
Printed name of authorized officer Dona	ild J Hoersten				
	neral Manager				
Telephone number of authorized officer: (4	119) 453-3324	, ext.			
Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	
I certify that our company receives or is as defined) less than \$14.	projected to receive Hi	ligh Cost Loop	Support or High Cost Model Support	in 2013 and has no m	continity residential reles (plus charges

Certification	of Officer as to	the Accuracy of the Data Reported	d for the Rate Fl	oor Data
		my responsibilities include ensuring the formation reported on this form is accura		ictual rate floor data
Name of Reporting Carrier Sherwood	Mutual Teleph	none Association Inc		
Signature of authorized officer	un Berry	mee.		_{Date} 05/28/2013
	Bergman /			
Title or position of authorized officer Gen	neral Manager			
	419) 899-2121	, ext		
Study Area Code of Reporting Carrier	300656	Fiting Due Date for this form (mm/dd/yyyy)	7/1/2013	
I certify that our company receives or is as defined) less than \$14.	; projected to receive H	figh Cost Loop Support or High Cost Model Support	i in 2013 and has no m	onthly residential rates (plus charges

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 Office	er to Authorize an Ageπt to File Rate Floor Data ο	n Behalf of Rep	orting Carrier
I wasting that Abelianal Evalua-		ie a	uthorized to submit
I certify that I am authorized to the information reported herei reported herein is accurate.	submit the information reported on this form on behalf of n based on data provided by the reporting carrier; and to t	the reporting carr he best of my know	fer; that I have provided wiedge the information
Name of Authorized Agent National Ex	change Carrier Association (NECA)		
Name of Reporting Carrier Sher	wood Mutual Telephone Associ	ation Inc	
Signature of authorized officer	in Began	1	Date 6/3/2013
Printed name of authorized officer	Lynn Bergman		•
Title or position of authorized officer	General Manager		
Telephone number of authorized officer: (419,899 21 Next.		
Study Area Code of Reporting Carrier	300656 Filing Due Oate for this form (mm/dd/yyyy)	7/1/2013	

	RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986 Block 1 Contact information							
Block 1-								
ROW#	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE					
1	Carrier Study Area Code	6 numeric digits	300656					
2	Carrier Study Area Name	alpha characters	SHERWOOD MUTUAL TEL. ASSOC.					
3	Service Provider Identification Number	9 numeric digits	143001677					
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13					
5	Contact Name	alpha characters	Bergman, Lynn E					
6	Contact Telephone Number (include area code)	9 numeric digits	419-899-2121					
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 Manditory Extended Area Service Charge	Column 5 Loops
9					