FILE

BAILEY CAVALIERI LLC

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July 1, 2015

Barcy F. McNeal, Secretary
Docketing Division
Public Utilities Commission of Ohio
180 East Broad Street, 11th Floor
Columbus, OH 43215-3793

Re: *In the Matter of the Annual Filing Requirements For 2015 Pertaining to the Provisioning of High Cost Universal Service*
Case No. 15-1115-TP-COI

In the Matter of the Annual Filing Requirements For 2015 Pertaining to the Provisioning of Lifeline Universal Service
Case No. 15-1116-TP-COI

Dear Ms. McNeal:

Enclosed are the original and one (1) copy of the **redacted** Rate Floor Data for filing on the public record in the above matters on behalf of Wabash Mutual Telephone Company. Please time stamp the extra copies and return them to our courier.

Also enclosed are four (4) **unredacted** copies of the confidential information to be filed under seal pursuant to the Motion for Protective Order filed in these matters on June 30, 2015. Please time stamp the extra copies of the confidential information being filed under seal, and return them to our courier.

Thank you for your attention to this matter. Please contact me if you have any questions.

Very truly yours,

BAILEY CAVALIERI LLC

William A. Adams

WAA/sg
Enclosure

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

REDACTED - FOR PUBLIC INSPECTION

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	*6 numeric digits*	**300664**
2	Carrier Study Area Name	*alpha characters*	WABASH MUTUAL TEL. CO.
3	Service Provider Identification Number	*9 numeric digits*	143001683
4	**Residential Local Service Charge Effective Date**	*mm/dd/yy*	07/01/15
5	Contact Name	*alpha characters*	Marchal, Julie D
6	Contact Telephone Number (include area code)	*9 numeric digits*	419-942-1111
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	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	17.70	0.00	0.00	0.00	[redacted]	Wabash	Residential Access Line

REDACTED - FOR PUBLIC INSPECTION

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	Wabash Mutual Telephone				
Signature of authorized officer	Julie Marchal			Date	6-10-15
Printed name of authorized officer	Julie Marchal				
Title or position of authorized officer	Secretary				
Telephone number of authorized officer:	(419)942-1111 ext. 9405				
Study Area Code of Reporting Carrier	30-0664		Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	