

PUBLIC SERVICE COMMISSION STATE OF MONTANA

Bill Gallagher, Chairman
Bob Lake, Vice Chairman
Kirk Bushman, Commissioner
Travis Kavulla, Commissioner
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Aug. 26, 2014

To: All Montana Eligible Telecommunications Carriers (ETCs)

Re: 47 CFR §54.313 & § 54.422 ETC Reporting Requirements and the Montana Public Service Commission (PSC) 2014 Annual Certification of ETCs to the Federal Communications Commission (FCC) – PSC Docket No. N2014.4.45.

To Whom It May Concern:

47 CFR § 54.313 and § 54.422 July 1, 2014 Reporting Requirements

Staff has reviewed the FCC Form 481 filings for all Montana ETCs and finds that all ETCs currently designated for 2014 high-cost and low-income support in Montana are in compliance with the FCC 47 CFR 54.313 & 54.422 ETC filing requirements with the exception of TCT West in Wyoming and West River Telephone Cooperative in North Dakota. TCT West serves a small group of customers in Montana out of its Wyoming operation. Similarly, West River serves a small number of Montana customers from its North Dakota operations. If either West River or TCT West wishes to be certified for 2015 high-cost and lifeline support by the Montana PSC, each company should file its FCC Form 481 with the Montana PSC as soon as possible. If this information is not filed, the Montana PSC will not certify either West River or TCT West for 2015 support.

Montana PSC October 1, 2014 ETC Certification to the FCC for 2015 High-Cost and Low Income Support

Per CFR 47 §54.314, consistent with USC 47 §254(e), on or before October 1, 2014, the PSC must certify Montana's ETCs to the Federal Communications Commission and the Universal Service Administration Company for receipt of 2015 federal universal service support.

For all existing Montana ETCs that wish to be certified for 2015 support, the following procedure must be utilized. Each Montana ETC must file with the PSC, by September 12, 2014 the following:

1. Cover Letter - The cover letter must:
 - a. clearly reference "Montana PSC 2014 ETC certification to the FCC for 2015 federal universal service support, PSC Docket No. N2014.4.45
 - b. identify the ETC requesting certification;
 - c. identify the person within the ETC to whom PSC communications regarding the packet and requested certification should be directed;

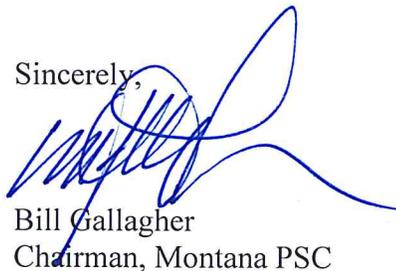
- d. the ETC's 6-digit study area code(s) (NECA code) for which certification is being sought;
 - e. a request for 2014 certification by the PSC to the FCC for 2015 support;
2. Affidavit The affidavit (statement under oath and notarized) must be by an individual authorized to do so for the requesting ETC. The PSC has prepared an affidavit form which contains the information required by the PSC. An example form and a blank form are attached to this letter.

ETCs requesting certification may file the above cover letter and affidavit prior to September 12, 2014 if they wish.

All filings in this docket shall be submitted electronically (e-filed) on the Commission's website at <http://psc.mt.gov> (see "Account Login/Registration" under "Electronic Documents" tab) in Docket No. N2014.4.45. The PSC certification cover letter and affidavit filing, in addition to the E-Filing, should also include the signed original cover letter and affidavit, along with two paper copies. The paper copies and originals should be physically delivered or mailed to the Commission's offices at: 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

Questions on e-filing should be addressed to Debbie George on 406-444-6174 or dgeorge@mt.gov. Questions or comments on all other matters should be directed to Gary Duncan on 406-444-6189 or gduncan@mt.gov.

Sincerely,



Bill Gallagher
Chairman, Montana PSC

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MONTANA

IN THE MATTER OF THE 2014) REGULATORY DIVISION
Annual Certification of Montana Eligible)
2015 High Cost and Low-Income Support) Docket No. N2014.4.45

AFFIDAVIT OF Jane Doe

I, Jane Doe, being duly sworn upon oath, depose and state as follows:

1. I am Title of Company Name. I have personal knowledge of the facts stated herein.

2. Per CFR 47 §54.314(a), Company Name used all federal high-cost support in 2013, and will use 2015 support, only for the provision, maintenance and upgrading of facilities and services for which the support is intended (see CFR 47 §54.7 and §54.101).

3. Company Name has complied with all applicable reporting requirements per CFR 47 §54.313 and §54.422.

4. Company Name does provide federal Lifeline and Tribal Linkup (if serving Tribal areas) services to low income customers per the provisions of CFR 47, §54-Subpart E – Universal Service Support for Low-Income Consumers.

Dated this _____ day of _____, 2014

Signature

Jane Doe
Title
Company Name

State of _____
County of _____

Signed and sworn to before me on _____ by _____.
Date Print name of signer

Notary Signature

[Montana notaries must complete the following, if not part of stamp.]

Printed Name of Notary
Notary Public for the State of _____
Residing at _____
My Commission expires: _____, 20____

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MONTANA

IN THE MATTER OF THE 2014)
Annual Certification of Montana Eligible) REGULATORY DIVISION
Telecommunications Carriers to the)
Federal Communications Commission for) Docket No. N2014.4.45
2014 High Cost and Low-Income Support)

AFFIDAVIT OF _____

I, _____, being duly sworn upon oath, depose and state as follows:

1. I am _____ of _____. I have personal knowledge of the facts stated herein.
2. Per CFR 47 §54.314(a), _____ used all federal high-cost support in 2013, and will use 2015 support, only for the provision, maintenance and upgrading of facilities and services for which the support is intended (see CFR 47 §54.7 and §54.101).
3. _____ has complied with all applicable reporting requirements per CFR 47 §54.313 and §54.422.
4. _____ does provide federal Lifeline and Tribal Linkup (if serving Tribal areas) services to low income customers per the provisions of CFR 47, §54-Subpart E – Universal Service Support for Low-Income Consumers.

Dated this _____ day of _____, 2014

State of _____
County of _____

Signed and sworn to before me on _____ by _____.
Date Print name of signer

Notary Signature

[Montana notaries must complete the following, if not part of stamp.]

Printed Name of Notary
Notary Public for the State of _____
Residing at _____
My Commission expires: _____, 20____