

# PUBLIC SERVICE COMMISSION STATE OF MONTANA



Brad Johnson, Chairman  
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Aug. 13, 2015

To: All Montana Eligible Telecommunications Carriers (ETCs)

Re: 2015 ETC Reporting Requirements and the Montana Public Service Commission (PSC)  
2015 Annual October 1 Certification of ETCs to the Federal Communications  
Commission for 2016 Universal Service Fund Support – PSC Docket No. N2015.4.39.

To Whom It May Concern:

## **July 1, 2015 ETC Reporting Requirements**

Staff has reviewed the July 1, 2015 FCC required filings for all Montana ETCs and finds that all ETCs currently designated in Montana for 2015 USF support are in compliance with the FCC 47 CFR 54.313, 54.422, 54.304, and 54.1009(c) filing requirements.

## **Montana PSC October 1, 2015 ETC Certification to the FCC for 2016 High-Cost and Low Income Support**

Per CFR 47 §54.314, consistent with USC 47 §254(e), on or before October 1, 2015, the PSC must certify Montana's ETCs to the Federal Communications Commission and the Universal Service Administration Company for receipt of 2016 federal universal service support.

For all existing Montana ETCs, the following procedure must be utilized. Each Montana ETC must file with the PSC, by September 11, 2015 the following:

1. Cover Letter - The cover letter must:
  - a. clearly reference "Montana PSC 2015 ETC certification to the FCC for 2016 federal universal service support, PSC Docket No. N2015.4.39.
  - 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 2015 certification by the PSC to the FCC for 2016 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 is attached to this letter plus a blank copy of the affidavit. In addition, a blank affidavit form in Word format is available on the PSC Telecom website, along with a PDF of this letter of instruction.

ETCs requesting certification may file the above cover letter and affidavit prior to September 11, 2015 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). 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 any original 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 Sandy Scherer on 406-444-6180 or [sscherer@mt.gov](mailto:sscherer@mt.gov). Questions or comments on all other matters should be directed to Gary Duncan on 406-444-6189 or [gduncan@mt.gov](mailto:gduncan@mt.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Johnson", with a long, sweeping horizontal stroke at the end.

Brad Johnson  
Chairman, Montana PSC

**BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MONTANA**

IN THE MATTER OF THE 2015 ) REGULATORY DIVISION  
Annual Certification of Montana Eligible )  
Telecommunications Carriers for 2016 ) Docket No. N2015.4.39  
High Cost and Low Income Support )

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**AFFIDAVIT OF Jane Doe**

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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 2014, and will use 2016 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, §54.422, §54.304, and §54.1009(c).

4. Company Name does provide federal Lifeline and Tribal Linkup 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 \_\_\_\_\_, 2015

Jane Doe  
Signature

State of \_\_\_\_\_  
County of \_\_\_\_\_

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

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Notary Signature

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

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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 2015 ) REGULATORY DIVISION  
Annual Certification of Montana Eligible )  
Telecommunications Carriers for 2016 ) Docket No. N2015.4.39  
High Cost and Low Income Support

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**AFFIDAVIT OF \_\_\_\_\_**

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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 2014, and will use 2016 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, §54.422, §54.304, and §54.1009(c).

4. \_\_\_\_\_ does provide federal Lifeline and Tribal Linkup 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 \_\_\_\_\_, 2015

\_\_\_\_\_  
Signature

State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Print name of signer

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Notary Signature

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

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Printed Name of Notary

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires: \_\_\_\_\_, 20\_\_