

COLLEEN R. JAMISON  
JAMISON LAW, LLC

June 3, 2019

Lynn M. Retz, Secretary  
Kansas Corporation Commission  
1500 SW Arrowhead Rd  
Topeka, KS 66604

RE: S&T Telephone Cooperative Association, Inc.  
Docket No. 19-GIMT-399-GIT

Dear Ms. Retz:

Attached for filing in the above-captioned docket is S&T Telephone's rate floor data collection and certification forms. Please note that the information in "block 2" is blank because the company has no residential rate less than \$18 (please see the included NECA "screenshot" substantiating the appropriateness of the blank data form).

Please let me know if you have any questions.

Cordially yours,



Colleen R. Jamison  
JAMISON LAW, LLC

Encl.

cc: Christina Hickert

**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: S & T TEL COOP ASSN

Signature of Authorized Officer: *Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=S & T TEL COOP ASSN,I=,Date:06/03/2019*

Date: 06/03/2019

Printed name of Authorized Officer: Christina Hickert

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer 256-694-2256

Study Area Code of Reporting Carrier

411827

Filing Due Date for this form (mm/dd/yyyy)

07/01/2019

☒ X

I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00.

**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	411827
2	Carrier Study Area Name	alpha characters	S & T TEL. COOP. ASSN.
3	Service Provider Identification Number	9 numeric digits	143002307
4	<b>Residential Local Service Charge Effective Date</b>	mm/dd/yy	06/01/19
5	Contact Name	alpha characters	Hickert, Christina
6	Contact Telephone Number (include area code)	9 numeric digits	785-694-2256
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 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9							



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Welcome ▼

## Study Area - Exchange Level Data for Local Rate Floor



Add


If the data form is left blank, select one of the boxes below:


✓ Check here if your company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges listed above) less than \$18.00  
(certification required)

Check here if your company is not projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020.

Check here if you plan to submit local rate floor data directly to USAC

 Submit Response

 Reset Study Area

 Delete SA Data Collection



(/RateFloorForm/)

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