## BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

Before Commissioners:

Shari Feist Albrecht, chair Jay Scott Emler Dwight D. Keen

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In the Matter of Certification of Compliance with Section 254(e) of the Federal Telecommunications Act of 1996 and Certification of Appropriate Use of Kansas Universal Service Fund Support

Docket No. 18-GIMT-394-GIT

## TWIN VALLEY TELEPHONE, INC. RATE FLOOR CERTIFICATION AND INFORMATION

Pursuant to Order of the Commission herein Twin Valley Telephone, Inc. submits its required Rate Floor Certification and Data Collection.

Twin Valley Telephone, Inc.'s Rate Floor Data Collection is filed herewith as proprietary and confidential under seal. The carrier believes that the information contained in this form is of such competitive sensitivity that disclosure to any person other than the carrier, the Commission, and Staff is prohibited by K.S.A. 66-1220(a). Disclosure of trade secrets and confidential information to any person, including parties to this proceeding, is prohibited unless the Commission finds the disclosure is warranted, after considering all of the factors in that statute. The carrier believes that disclosure of the information contained in this attachment would have a significant and adverse impact on its competitive stance regarding existing or potential competing entities including wireless carriers, competitive local exchange carriers, and incumbent local exchange carriers. Regulatorily mandated disclosure of any or all of the subject information would create a competitive bias in favor of any actual or potential competitor not required to provide comparable information, reducing or eliminating any benefit to consumers otherwise resulting from unbiased competition and damaging the submitting company's ability to engage in fair competition.

Respectfully submitted,

Mark Doty #14526 GLEASON & DOTY, CHARTERED P.O. Box 490 Ottawa, KS 66067 (785) 242-3775 Attorney for Twin Valley Telephone, Inc.

| 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 Twin Vall                                                                                                                                                                                                      | ey Tel. Inc. |                                               |            |  |  |  |  |  |  |
| Signature of authorized officer                                                                                                                                                                                                          |              | Date 6/11/18                                  |            |  |  |  |  |  |  |
| Printed name of authorized officer Scott Leitzel                                                                                                                                                                                         |              |                                               |            |  |  |  |  |  |  |
| Title or position of authorized officer Chief Operating Officer                                                                                                                                                                          |              |                                               |            |  |  |  |  |  |  |
| Telephone number of authorized officer: (785), 427-2211, ext.                                                                                                                                                                            |              |                                               |            |  |  |  |  |  |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                     | 411840       | Filing Due Date for this form<br>(mm/dd/yyyy) | 07/01/2018 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                          |              |                                               |            |  |  |  |  |  |  |

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

| Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier                                                                                                                                                                                                                                                                                                                                                          |        |  |                                            |            |  |          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--------------------------------------------|------------|--|----------|--|--|
| I certify that <u>National Exchange Carrier Association (NECA)</u><br>is authorized to submit<br>the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities<br>include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the<br>actual rate floor data provided to the authorized agent is accurate. |        |  |                                            |            |  |          |  |  |
| I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.                                                                                                                                                          |        |  |                                            |            |  |          |  |  |
| Name of Authorized Agent National Exchange Carrier Association (NECA)                                                                                                                                                                                                                                                                                                                                                                                          |        |  |                                            |            |  |          |  |  |
| Name of Reporting Carrier Twin Valley Tel. Inc.                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |                                            |            |  |          |  |  |
| Signature of authorized officer                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |                                            |            |  | 10/11/18 |  |  |
| Signature of authorized officer Date ( ) II    8                                                                                                                                                                                                                                                                                                                                                                                                               |        |  |                                            |            |  |          |  |  |
| Title or position of authorized officer Chief Operating Officer                                                                                                                                                                                                                                                                                                                                                                                                |        |  |                                            |            |  |          |  |  |
| Telephone number of authorized officer: (785) 427-2211 ext.                                                                                                                                                                                                                                                                                                                                                                                                    |        |  |                                            |            |  |          |  |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                                                                                                                                                                                                                           | 411840 |  | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2018 |  |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |                                            |            |  |          |  |  |