TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:
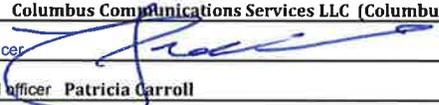

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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   **Columbus Communications Services LLC (Columbus Telephone Company)**

Signature of authorized officer	Date 6/1/2016
Printed name of authorized officer **Patricia Carroll**	
Title or position of authorized officer **Corporate Secretary**	
Telephone number of authorized officer: **(620) 429 - 3132**	

Study Area Code of Reporting Carrier	411756		Filing Due Date for this form (mm/dd/yyyy)	7/1/2016	

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	**411756**
2	Carrier Study Area Name	alpha characters	**Columbus Communications Services LLC (Columbus Telephone Co)**
3	Service Provider Identification Number	9 numeric digits	**143002287**
4	**Residential Local Service Charge Effective Date**	mm/dd/yyyy	**6/1/2016**
5	Contact Name	alpha characters	**Patricia Carroll**
6	Contact Telephone Number (include area code)	9 numeric digits	**620-429-3132**
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
9	$ 17.00	$ -	$ 1.56	$ -	**REDACTED**