From: Debi Nobles

To: Filings@psc.state.fl.us

**Subject:** FCC 47 C.F.R. Section 54.313(h) - Local Rate Floor Certification

**Date:** Thursday, June 27, 2013 12:56:08 PM

Attachments: 2013 Local Rate Floor Certification - Accuracy of Data.pdf

## **Electronic Filing**

a. Person responsible for this electronic filing:

Deborah Nobles
Vice President of Regulatory Affairs
Townes Telecommunications Services Corporation
505 Plaza Circle, Suite 200
Orange Park, FL 32073
(904) 688-0029 voice
(904) 688-0025 fax
(904) 610-6536 cell

dnobles@townes.net

- b. 130158-TL 2014 State certification Section 54.313 and Section 54.314, annual reporting requirements for high-cost recipients, and certifications of support for eligible telecommunications carriers.
- c. Filed on behalf of Northeast Florida Telephone Company (NEFCOM)
- d. Total pages 2
- e. Annual ETC Filing Requirement FCC 47 C.F.R. 54.313(h) Local Rate Floor Certification to be Filed with FCC and USAC on July 1, 2013

## 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 Northeast	Florida Teleph	hone Company		
Signature of authorized officer	<sub>Date</sub> June 11, 2013			
Printed name of authorized officer Deb	orah Nobles	alees		
Title or position of authorized officer Vic	e President c	of Regulatory Affairs		
Telephone number of authorized officer:	(904) 688-002	ext.		
Study Area Code of Reporting Carrier	210335	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	(4.44d), 4-4
I certify that our company receives or as defined) less than \$14.	is projected to receive H	ligh Cost Loop Support or High Cost Model Support	in 2013 and has no m	onthly residential rates (plus charges

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

Certification of Of	ficer to Authorize an	Agent to File Rate Floor Data o	n Behalf of R	eporting Carrier
include ensuring the accuracy actual rate floor data provide I certify that I am authorized	behalf of the reporting c cy of the actual rate floo d to the authorized age to submit the informatio	NECA) arrier. I also certify that I am an offic arrier. I also certify that I am an offic r data provided to the authorized ago it is accurate.  on reported on this form on behalf of ded by the reporting carrier; and to t	er of the report ent; and, to the the reporting c	best of my knowledge, the arrier; that I have provided
	Exchange Carrier Assoc st Florida Telephor			
Signature of authorized officer		Date June 11, 2013		
	orah Nobles	الم الم		
Title or position of authorized officer Vic	e President of R	egulatory Affairs		
Telephone number of authorized officer:	(904) 688-0029			-10
	210335	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	