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May 24, 2023

Monica Barrios Sanchez Commission Secretary Idaho Public Utilities Commission 11331 W Chinden Blvd Ste 201-a Boise, ID 83714

RE:

GNR-T-24-01

ETC - LIFELINE - CAF ICC REPORTS - ACCESS RATES

Filer Mutual Telephone Company hereby files with the Idaho Public Utilities Commission (PUC) in accordance with 47 C.F.R 54.313(h)(i) and §54.304(d)(1). This filing includes projected eligibility for CAF ICC funding for July 1, 2024 through June 30, 2025 for Filer Mutual Telephone Company, Study Area Code 472220. This projection includes any true-ups associated with earlier filings periods. This projection has also been filed as confidential information with the Universal Service Administrative Company, as the administrator of the Federal Universal Service Fund. It is filed with the Idaho Public Utilities Commission as an information filing only and no action is required or requested.

Enclosed is the original stamped "Confidential" which has been placed in a sealed envelope, along with one redacted copy. The filed is sent to the Commission as confidential information that is exempt from discloser under Idaho Public Utilities Commission Rules of Procedure, Rule 67.

Should you have any questions regarding this filing, please contact me directly.

Robert Kraut General Manger

(208) 326-4330

bkraut@truleap.net

John Krant

Enclosures

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|--|---|----|
| 1 | 2011 Interstate Switched Access Revenue Requirement | |
| 2 | FY 2011 Intrastate Terminating Switched Access Revenues | |
| က | FY 2011 Net Reciprocal Compensation Revenues | |
| 4 | 2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3) | |
| ıc | ROR Carrier Baseline Adjustment Factor (0.95 ^ 13) | |
| 9 | ROR Carrier Revenue Requirement (Line 4 x Line 5) | |
| 7 | Pool Administration Expenses | |
| æ | Total ROR Carrier Revenue Requirement (Line 6 + Line 7) | |
| Revenues from Reformed Intercarrier Compensation (ICC) Rates | pensation (ICC) Rates | |
| o | Interstate Switched Access Revenues | |
| 10 | Interstate Allocated Switched Access Revenues# | |
| 11 | Transitional Intrastate Access Service Revenues | |
| 12 | Net Transitional Reciprocal Compensation Revenues | |
| 13 | Total ICC Revenue (Line 10 + Line 11 + Line 12) | R |
| Eligible Recovery | | E |
| 14 | TRS Increment | D. |
| 15 | Regulatory Fees Increment | A |
| 16 | NANPA increment | C |
| 17 | Interstate Local Switching Support for Price Cap Affiliates or Estimated Duplicate LSS Costs in CAFII | T |
| 18 | Adjustment for Double Recovery or Corrections | E |
| 19 | Test Period 22/23 Trueup - Net Impact on Total Eligible Recovery | D |
| 20 | Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17) | |
| Revenues from Access Recovery Charges (ARC) | (ARC) | |
| 21 | Residential ARC Revenues | |
| 22 | Single Line Business ARC Revenues | |
| 23 | Multi-Line Business ARC Revenues | |
| 24 | Total ARC Revenues (Line 21 + Line 22 + Line 23) | |
| Connect America Fund (CAF) ICC Support** | | |
| 25 | Connect America Fund (CAF) ICC Support (Line 20 - Line 24) | Ī |
| Ised CAF ICC Support with Imputed A | Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops | |
| 26 | Imputed ARC revenue for broadband-only loops | |
| | | |

| | | | | | The state of the s | | | | | |
|---|---------------------------|--------------------|---|-----------------|--|---|---|-----------------------------------|------------------|--------------------------|
| | | 77/2023 Interstate | Test Year 2022-2023 Current Infrestete | 78 | FY 2011 Intrastate Units: Terminating It for Non-Dadicalad or v Originating and Terminating for | intrastate Price-out with 7/1/2023 proposed intrastate rate and FY2011 | FY 2022 Intrestate Units: Terminating for Non-Dedicated and total for | Test Year 2023-2024 Forecasted | Intrestate Units | TY 2023-24 Forecasted |
| Rate Element Description (Cel D) | Unit of Demand (Cal E) | Rate (Col F) | | Infrastate Rate | Dedicated Elements [Cal II | Col J | Dedicated Elements (Col K) | Intrastate Units% | Growth Hate % | (Cot N) |
| AddiDrop Multiplaxing Cantral Office Port, Per Port DS1 1 544 Mbps | Port | | | | | | | | | |
| Add Drep Multiplexing Central Office Port, Per Port DS3 44 736 Mtps | Port | | | | | | | | | |
| Add/Drop Multiplexing Central Office Part, Per Part OC3 155,52 Mbps | Port | | | | | | | | | |
| Common Channel Signaling Network Connection Signaling Entrance Fracility, Per Facility | Facility | | | | | | | | | |
| Common Channel Stanaling Network Connection Signaling Milange Facility, Par Mile | Mile | | | | | | | | | |
| Converso Channel Signaling Network Connection Signaling Mileage Termination, Per Termination | Termination | | | | | | | | | |
| Common Channel Stanaling Network Connection STP Port. | Port | | | | | | | | | |
| Customer Node Per Node OC12 622 08 Mbbs | Port | | | | | | | | | |
| Customer Node Per Node OC3 155.52 Mbps | Port | | | | | | | | | |
| Customer Premises Part, Per Part DS1 1.544 Minos | Port | | | | | | | | | |
| Customer Premises Port, Per Port DS3 44,736 Mbos | Port | | | | | | | | | |
| Customer Premises Port, Per Port OC3 155.52 Mbps | Pon | | | | | | | | | |
| Qustomor Premises Port, Per Port STS-1 51.84 Mbns | Port | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E1 | Circui Miles | | | | | | | | | |
| Orect Trunked Transport Facility/ Mile ESALT 10 Mbps DTF-E2 | Circuit Miles | | | | | | | | | |
| Direct Trunked Transport Facility! Mile ESALT 10 Mbbs DTF-E3 | Circuit Miles | | | | | | | | | |
| Deed Tranked Transact English Mis ESALT 10 Mice DIF-E4 | Circuit Miles | | | | | | | | | |
| Part of the state | 7 | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E1 | Orount Miles | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E2 | Circuit Miles | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E3 | Circuit Miles | | | | U Y | うせつ | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 2 Mbps DTF-E4 | Circuit Miles | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E1 | Circuit Miles | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 50 Mins OTF-E2 | Circuit Miles | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E3 | Circuit Miles | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile ESALT 50 Mbps DTF-E4 | Circuit Miles | | | | | | | | | |
| Direct Trunked Trensport Fecility/ Mile High Capacity DS1 | Mile | | | | | | | | | |
| Direct Tranked Transport Fecility/ Mile High Capacity DS3 | Mile | | | | | | | | | |
| Direct Trunked Transport Facility! Mile Synchronous Oplical Channel OC12 | Mile | | | | | | | | | |
| Direct Tourked Transport Facility/ Mile Synchronous Oplical Channel OC3 | Mile | | | | | | | | | |
| Direct Trunked Transport Facility/ Mile Voice Grade - Two Wire & Four Wire | Mile | | | | | | | | | |
| Denct Trunked Transport Facility/Termination ESALT 10 Mbps | Circuil Ierms | la l | | | | | | | | |
| Direct Trunked Transport Facility/Termination ESALT 2 Mbps | Circuit terms | | | | | | | | | |
| Direct Trunked Transport Facility/Termination ESALT 50 Mbps | Circuit terms | | | | | | | | | |
| Direct Trunked Transport Facility/Termination High Capacity DS1 | Termination | | | | | | | | | |
| Direct Trunked Transport Facility/Termination High Capacity DS3 | Termination | | | | | | | | | |
| Direct Trunked Transport Facility/Termination Synchronous Optical Channal OC12 | Termination | | | | | | | | | |
| Direct Trunked Transport Facility/Termination Synchronous Optical Channal OC3 | Termination | | | | | | | | | |

TRP

| Direct Trunked Transport Facility/Lermination Voice Grade - Lwo Wire & Four Wire | Termination | |
|---|----------------|--------|
| Entrance Facility, Per Termination ESALT 10 Mbps | Circuit | |
| Entrance Facility, Per Termination ESALT 2 Mbos | Circuit | |
| Entrance Fecility, Per Termination ESALT 50 Mbps | Oreant | |
| Entrance Facility, Per Termination High Capacity DS1 | Termination | |
| Entrance Facility, Per Termination High Capacity DS3 | Termination | |
| Entrance Facility, Per Termination Synchronous Optical Channel OC12 | Termination | |
| Entrance Facility, Per Terminalion Synchronous Optical Channel OC3 | Termination | |
| Entrance Facility, Per Termination Voice Grade Four Wire | Terminabon | |
| Entrance Facility, Per Termination Voice Grade Two Wire | Termination | |
| ESALT Entrance Facility Protection, Per ESALT Entrance Facility ESALT 10 Mbps | Crewi | |
| ESALT Entrance Facility Protection, Per ESALT Entrance Facility ESALT 2 Mbps | Circuit | |
| ESALT Entrance Facility Protection, Per ESALT Entrance Facility ESALT 50 Mbps | Greuit | |
| ESALT Real Time CoS/OoS, Per ESALT DTF-E1 Facility ESALT 10 Mbps | Facility | |
| ESALT Real Time CoS/OoS, Per ESALT DTF-E1 Fecility ESALT 2 Mbps | Feeliny | |
| ESALT Real Time CoS/QoS, Per ESALT DTF-E1 Facility ESALT 50 Mbps | Facility | |
| Muliphexing Per Arrangement DS1 to Volce | Termination | |
| Muliplaxing, Per Arrangement DS3 to DS1 | Termination | |
| Network Blacking, Per Blocked Call Network Blocking. Per Blocked Call, Applies to FGD only | | |
| Norrecurring Charges ESALT 10 Mbps | Fedility . | スロフタンニ |
| Nomecuning Charges ESALT 2 Mbps | Facility | |
| Nomecuring Charges ESALT 50 Mbps | Facility | æ |
| Nonrecuring Charges ESALT Direct Trunked Termination, per ESALT Direct Trunked Termination installed | Order | |
| Norrecuring Charges ESALT Entrence Facility Protection, per ESALT Entrence Facility | Facility | |
| or SS7 Signaling to Multifrequency Address Signaling, per 24 trunks converted or frection thereof on a per order basis | Örder | |
| Nonrecurring Charges Flevible Automatic Number Identification (Flex ANI), per End Office, per CIC | End Office | |
| Narrecuring Charges High Capacity DS1 | Facility | |
| Nonrecuming Charges High Capacity DS3 | Validy | |
| Norrecuring Charges Interim NXX Translation, Per Order | Order | |
| Norrequiring Changes Synchronous Optical Channel OC12 | Facility | |
| Nonrecurrina Charges Synchronaus Optical Channal OC3 | Facility | |
| Namecuming Charges Trunk Activation, per 24 trunks activated or fraction thereof on a per order basis | Order | |
| Norrecurring Charges Voice Grads Four Wire | Facility | |
| Nonrecurring Charges Voice Grade Two Wire | Facility | |
| Terminating End Office Access Sarvice Terminating End Office, Non-Premium, per access minute | MOU | |
| Terminating End Office Access Service Terminating End Office, Premium, por access minute | WOU | |
| Terminaling Tandem Switched Transport Terminaling Tandem Switched Terminalion | Minutes | |
| Terminating Tendem Switched Transport Terminating Tandern Switched Transport Facility | Minutes I Mile | |
| | | |

Page 2

ED

Bob Kraut

MECA

Sludy Area Sludy Area Main Page Sludy Area Data CAF & ARC Dutput Historic Reports Certification Instructions & Documents Contact Us Selection

Study Area: FILER MUTUAL TEL COMPANY-ID dba TRULEAP TECH (ID: 472220)

Access Recovery Charges

Test Period 2024-25 Pre-True-up View Test Period 2024-25 Post-True-Up (F7mg) View

Residential ARC Revenue Residential ARC Residential Lines excluding Lifelines Test Period 2024-2025 Post-True-Up (Filing) View Exchange/Zone Name

Tath 'ARC Revenue

MLB ARC Reverue

MLB ARC

WLB Lines

SLB ARC Revenue

SLBARC

SLB Lines

REDACTED

Study Area Summary

Hollister Filer

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TO BE COMPLETED BY THE REPORTING CARRIER.

| Certification of Officer as to I certify that I am an officer of the reporting carrier, my responsibilities in best of my knowledge, the information reported on this form is accurate. | Officer as to the Annual Consideration of the Annual Consideration is accurate. | Certification of Officer as to the Accuracy of the CAF ICC Data Reported reporting the accuracy of the actual data reported; and, to the ation reported on this form is accurate. | orted ia reported; and, to the | | |
|---|---|--|--|--------|-----------|
| Name of Reporting Carrier. FILER MUT-ID/TRULEAP | RULEAP | | | | |
| Ger | | Digitaliy signed by Bob Kraut DN:cn=Bob Kraut, email=bkraut@truleap.net, O=filer mutual tel. company-id dba truleap tech, I=Filer ID 83328-0089, Date:5/20/2024 | DN:cn=Bob let, O=filer mutual tel. =Filer ID 83328-0089, | Date: | 5/20/2024 |
| Printed name of Authonized Officer: Bob Kraut | aut | | | | |
| Title or position of Authorized Officer: General | General Manager/COO | | | | |
| Telephone number of Authorized Officer. 208-32 | 208-326-4330 | | | | |
| Study Area Code of Reporting Carrier 472220 | 20 | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2024 | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | is form can be pun imprisonment unde | ng false statements on this form can be punished by fine or forfeiture under the Communications §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | mmunications Act of 1934, 47 U.S.C. § 1001. | U.S.C. | |
| | | | | | |

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

| Certific | ation of Officer to Author | ize an Agent | Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier | f Reporting Carrier | | |
|---|--|--|---|---|--------|-----------|
| I certify that (Name of Agent) the reporting carrier. I also certify the provided to the Authorized Agent; an | National Exchange Carlam an officer of the repo | nrriers Assoc rting carrier; m lge, the actual | National Exchange Carriers Association. Inc. Inc. Inc. Inc. Inc. Inc. Inc. In | formation reported on behalf of te accuracy of the data it is accurate. | _ | |
| Name of Authorized Agent : | National Exchange Carriers Association, Inc. | arriers Assoc | iation, Inc. | | | |
| Name of Reporting Carrier: | FILER MUT-ID/TRULEAP | ΞΑΡ | | | | |
| Signature of Authorized Officer: | Bob Kraut | | Digitally signed by Bob Kraut DN:cn=Bob Kraut, email=bkraut@truleap.net, O=filer mutual tel; company-ld dba truleap tech,1=Filer 1D 83328-0089, Date:5/20/2024 | v:cn=Bob ,O=filer mutual tel. iiler ID 83328-0089, | Date: | 5/20/2024 |
| Printed name of Authorized Officer: | | Bob Kraut | | | | |
| Title or position of Authorized Officer: | ï | General | General Manager/COO | | | |
| Telephone number of authorized officer: | ficer. | 208-326-4330 | 1330 | | | |
| Study Area Code of Reporting Carrier | ier 472220 | | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2024 | | |
| Persons willfully making | false statements on this fo 502, 503(b), or fine or impri | m can be puni sonment unde | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | ommunications Act of 1934, 47 | U.S.C. | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). | on of Officer for Rate- er and that, to the best o | Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery orting carrier and that, to the best of my knowledge, the reporting carrier on this form certif §81.917(d) and Access Recovery Charge §81.917(e) and is eligible to receive the CAF ICC s | AF/ICC Recovery or on this form certifies that it seive the CAF ICC support | | |
|--|---|--|--|-------------|-----------|
| Name of Reporting Carrier: FILER M | FILER MUT-ID/TRULEAP | | | | |
| Signature of Authorized Officer or employee: | Bob Kraut | Digitaliy signed by Bob Kraut DN: cn=Bob Kraut, email=bkraut@truleap_net, 0=filer n company-id dba truleap tech, I=Filer ID 83 Date:5/20/2024 | Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net, O=filer mulual tel, company-id dba truleap tech, =Filer ID 83328-0089, Date:5/20/2024 | Date: | 5/20/2024 |
| Printed name of Authorized Officer or employee: | e: Bob Kraut | (raut | | | |
| Title or position of Authorized Officer or employee: | | General Manager/COO | | | |
| Telephone number of Authorized Officer or employee: | | 208-326-4330 | | | |
| Study Area Code of Reporting Carrier | 472220 | Filing Due Date for this form (mm/dd/yyyy) | m 6/17/2024 | | |
| Persons willfully making false state §§ 502, 503(b) | nents on this form can b , or fine or imprisonmen | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | er the Communications Act of 1934, Code, 18 U.S.C. § 1001. | , 47 U.S.C. | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

| Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii). | of Officer for Rate-of-Ret and that, to the best of my k covery subject to the recov | Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery porting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplany Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vil). | Recovery eeking duplicative | | |
|---|--|--|---|-------------|-----------|
| Name of Reporting Carrier: FILER MU | FILER MUT-ID/TRULEAP | | | | |
| Signature of Authorized Officer or employee: | Bob Kraut | Digitally signed by Bob Kraut DN:cn=Bob Kraut, email=bkraut@truleap.net, O=filer mutual tel, company-id dba truleap tech,I=Filer ID 83328-0089, Date:5/20/2024 | cn=Bob)=filer mutual tel er ID 83328-0089, | Date: | 5/20/2024 |
| Printed name of Authorized Officer or employee: | Bob Kraut | | | | |
| Title or position of Authorized Officer or employee: | | General Manager/COO | | | |
| Telephone number of Authorized Officer or employee: | yee: 208-326-4330 | 4330 | | | |
| Study Area Code of Reporting Carrier | 472220 | Filing Due Date for this form (mm/dd/yyyy) | 6/17/2024 | | |
| Persons willfully making false stateme §§ 502, 503(b), o | nts on this form can be pun r fine or imprisonment und | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | mmunications Act of 1934, U.S.C. § 1001. | , 47 U.S.C. | |