Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1
Carrier Identification Information

Parent Company Name
Mark Twain Rural Telephone Company

Service Provider Name
Mark Twain Rural Telephone Company

Company Address, City, State, Zip
P.O. Box 68
Highway 6 East
Hurdland, MO 64547

Service Provider Type Wireless x Wireline
Wireline

Name(s) of Wireless License Holder(s)

N/A

Contact Name
William Rohde, General Manager

Contact Tel #
660-423-5211

Fax #
660-423-5496

E-mail Address
gm@marktwain.net

Section 2
Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):
Knox, Missouri
Lewis, Missouri
Adair, Missouri
Clark, Missouri
Schuyler, Missouri
Scotland, Missouri

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

In the counties of Clark, Knox, Lewis, Schuyler, and Scotland, there hasn't been a PSAP designated for these counties nor does Missouri have a statewide default answering point. Therefore, we are in the process of identifying the appropriate local emergency authority to have these calls delivered to.

Adair County is in the process of implementing 911 service.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

See response to (a) above.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

The projected date for implementation will depend on the responses received from the local authority.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operation problems carrier has experienced during the initial transition stages.

N/A

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to t best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature *William Rohde*

Printed name of authorized representative William Rohde

Title General Manager

Date 3-11-02

This filing is: **X** original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.