



Dickey Rural Telephone Cooperative
Dickey Rural Communications, Inc.
Dickey Rural Services, Inc.
Dickey Rural Access, Inc.

RECEIVED

SEP 23 2008

PUBLIC SERVICE COMMISSION

September 22, 2008

Public Service Commission
600 East Boulevard Ave Dept 408
Bismarck, ND 58505-0480

Dear Commissioners:

Enclosed are the Lifeline and Linkup Worksheets for Dickey Rural Telephone, Communication & Access for the 3rd quarter of 2008.

Please call if you have any questions.

Thank you

Troy M. Schilling
Financial Manager

Enclosure

125 PU-08-1 Filed: 9/23/2008 Pages: 19
Filing for 3rd Quarter 2008

Dickey Rural Telephone Cooperative

LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002204

Serving Area (2) 381611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL TELEPHONE COOP</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>SEPT</u></p> <p>b) Data Month <u>SEPT</u></p> <p>c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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<i>Lifeline</i>	# Lifeline Subscribers	Lifeline Support/ Subscriber	Total Lifeline Support
	(a)	(b)*	(c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5) <u>104</u>	x \$ <u>6.50</u>	= \$ <u>676</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6) <u>104</u>	x \$ <u>1.75</u>	= \$ <u>182</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7) _____	x \$ _____	= \$ <u>0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8) _____	x \$ _____	= \$ <u>0</u>
Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>			\$ _____ (9)
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)			Total federal Lifeline support claimed \$ <u>858</u> (10) (Sum of lines 5c, 6c, 7c, 8c & 9)

* For multiple rates, use an average amount

<i>Link Up</i>	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived	(11) _____	_____	
Charges waived per Connection*	(12) \$ _____ (\$30)	\$ _____ (\$100 max)	
Total Connection charges waived	(13) \$ <u>0</u>	\$ <u>0</u>	
Deferred Interest	(14) \$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived	(15) \$ <u>0</u>	\$ <u>0</u>	= \$ <u>0</u> (15c)

* For multiple rates, use an average amount

<i>Toll-Limitation Services (TLS)</i>			
Incremental cost of providing TLS	(16) \$ _____		
Number of subscribers for whom TLS initiated	(17) _____	Total TLS dollars claimed	\$ <u>0</u> (18)

<i>ETC Payment (19)</i>			
Total Lifeline \$	<u>858</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
		Total Dollars	\$ <u>858</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (20)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is subject to state regulation. is not subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Sept 1, 2008
DATE



OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs. The Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to jboley@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002204

Serving Area (2) 381611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL TELEPHONE COOP</u></p> <p>Mailing Address:</p> <p><u>PO BOX 69</u></p> <p><u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tshilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>AUGUST</u></p> <p>b) Data Month <u>AUGUST</u></p> <p>c) Type of filing (Check one): Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5) <u>102</u>	x \$ <u>6.50</u>	= \$ <u>663</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6) <u>102</u>	x \$ <u>1.75</u>	= \$ <u>179</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7) _____	x \$ _____	= \$ <u>0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8) _____	x \$ _____	= \$ <u>0</u>

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9. \$ _____ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 842 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

* For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived	(11) _____	_____	
Charges waived per Connection*	(12) \$ _____ (\$30)	\$ _____ (\$100 max)	
Total Connection charges waived	(13) \$ <u>0</u>	\$ <u>0</u>	
Deferred Interest	(14) \$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived	(15) \$ <u>0</u>	\$ <u>0</u>	= \$ <u>0</u> (15c)

* For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS	(16) \$ _____		
Number of subscribers for whom TLS initiated	(17) _____	Total TLS dollars claimed	\$ <u>0</u> (18)

ETC Payment (19)			
Total Lifeline \$	<u>842</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
		Total Dollars	\$ <u>842</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (20)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is is not subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

August 1, 2008
DATE


OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143 002 204

Serving Area (2) 381 611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL TELEPHONE COOP</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>JULY</u></p> <p>b) Data Month <u>JULY</u></p> <p>c) Type of filing (Check one): Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) State Reporting <u>ND</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	101	x \$ 6.50	= \$ 657
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	101	x \$ 1.75	= \$ 177
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	_____	x \$ _____	= \$ _____
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	_____	x \$ _____	= \$ _____

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9. \$ _____ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 834 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

*For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	_____	_____	
Charges waived per Connection (12) *	\$ _____ (\$30 max)	\$ _____ (\$100 max)	
Total Connection charges waived (13)	\$ _____	\$ _____	
Deferred Interest (14)	\$ _____	\$ _____	
Total Link Up dollars waived (15)	\$ _____ +	\$ _____ =	\$ <u>_____</u> (15c)

*For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	\$ _____		
Number of subscribers for whom TLS initiated (17)	_____	Total TLS dollars claimed	\$ <u>_____</u> (18)

Presubscribed Interexchange Carrier Charge (PICC) (For Price-cap companies only; prior to 7/1/2000)			
Monthly charge per line (19)	\$ _____		
Number of Subscribers per month (20)	_____	Total PICC dollars waived	\$ <u>_____</u> (21)

ETC Payment (22)			
Total Lifeline \$ <u>734</u>	Total TLS \$ _____		
Total Link Up \$ _____	Total PICC \$ _____		
Total Dollars		\$ <u>734</u>	

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (23)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

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I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

July 1, 2008
DATE



OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

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LIFELINE AND LINK UP WORKSHEET

Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143025998

Serving Area (2) 381611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL ACCESS INC</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>SEPT</u></p> <p>b) Data Month <u>SEPT</u></p> <p>c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	<u>99</u>	<u>x</u> \$ <u>6.50</u>	= \$ <u>644</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	<u>99</u>	<u>x</u> \$ <u>1.75</u>	= \$ <u>173</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	<u> </u>	<u>x</u> \$ <u> </u>	= \$ <u>0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	<u> </u>	<u>x</u> \$ <u> </u>	= \$ <u>0</u>

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9. \$ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 817 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

* For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	<u> </u>	<u> </u>	
Charges waived per Connection* (12)	\$ <u> </u> (\$30)	\$ <u> </u> (\$100 max)	
Total Connection charges waived (13)	\$ <u>0</u>	\$ <u>0</u>	
Deferred Interest (14)	\$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived (15)	\$ <u>0</u> +	\$ <u>0</u> =	\$ <u>0</u> (15c)

* For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	\$ <u> </u>		
Number of subscribers for whom TLS initiated (17)	<u> </u>	Total TLS dollars claimed	\$ <u>0</u> (18)

ETC Payment (19)			
Total Lifeline \$	<u>817</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
Total Dollars			\$ <u>817</u>

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DATE


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Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143025998

Serving Area (2) 381611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL ACCESS INC</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tshilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>AUGUST</u></p> <p>b) Data Month <u>AUGUST</u></p> <p>c) Type of filing (Check one): Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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Lifeline		# Lifeline Subscribers (a)		Lifeline Support/ Subscriber (b)*	=	Total Lifeline Support (c)
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Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6)	<u>96</u>	x	<u>\$ 1.75</u>	=	<u>\$ 168</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7)	<u> </u>	x	<u>\$</u>	=	<u>\$ 0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8)	<u> </u>	x	<u>\$</u>	=	<u>\$ 0</u>
Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>						<u>\$</u> (9)
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)						
Total federal Lifeline support claimed						<u>\$ 792</u> (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)						

Link Up		Non-Tribal (a)		Tribal (b)		Total Link Up (c)
Number of Connections waived	(11)	<u> </u>		<u> </u>		
Charges waived per Connection*	(12)	<u>\$</u> (\$30)		<u>\$</u> (\$100 max)		
Total Connection charges waived	(13)	<u>\$ 0</u>		<u>\$ 0</u>		
Deferred Interest	(14)	<u>\$ 0</u>		<u>\$ 0</u>		
Total Link Up dollars waived	(15)	<u>\$ 0</u>	+	<u>\$ 0</u>	=	<u>\$ 0</u> (15c)

Toll-Limitation Services (TLS)				Total TLS dollars claimed	
Incremental cost of providing TLS	(16)	<u>\$</u>			
Number of subscribers for whom TLS initiated	(17)	<u> </u>			
				<u>\$ 0</u>	(18)

ETC Payment (19)	
Total Lifeline \$	<u>792</u>
Total Link Up \$	<u>0</u>
Total Dollars	\$ <u>792</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (20)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is _____ is not _____ subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

August 1, 2008
DATE



OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs. The Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to jboley@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143 025 998

Serving Area (2) 381 611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL ACCESS INC</u></p> <p>Mailing Address: _____ <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>JULY</u></p> <p>b) Data Month <u>JULY</u></p> <p>c) Type of filing (Check one): Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) State Reporting <u>ND</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	97	x \$ 6.50	= \$ <u>631</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	97	x \$ 1.75	= \$ <u>170</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	_____	x \$ _____	= \$ _____
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	_____	x \$ _____	= \$ _____

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9. \$ _____ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 801 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

*For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	_____	_____	
Charges waived per Connection (12) *	\$ _____ (\$30 max)	\$ _____ (\$100 max)	
Total Connection charges waived (13)	\$ _____	\$ _____	
Deferred Interest (14)	\$ _____	\$ _____	
Total Link Up dollars waived (15)	\$ _____ +	\$ _____ =	\$ <u>_____</u> (15c)

*For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	\$ _____		
Number of subscribers for whom TLS initiated (17)	_____	Total TLS dollars claimed	\$ <u>_____</u> (18)

Presubscribed Interexchange Carrier Charge (PICC) (For Price-cap companies only; prior to 7/1/2000)			
Monthly charge per line (19)	\$ _____		
Number of Subscribers per month (20)	_____	Total PICC dollars waived	\$ <u>_____</u> (21)

ETC Payment (22)			
Total Lifeline \$ <u>801</u>	Total TLS \$ _____		
Total Link Up \$ _____	Total PICC \$ _____		
Total Dollars		\$ <u>801</u>	

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (23)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is is not subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

July 1, 2008
DATE


OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs. The Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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LIFELINE AND LINK UP WORKSHEET

Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143002750

Serving Area (2) 381611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL COMMUNICATIONS INC</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>SEPT</u></p> <p>b) Data Month <u>SEPT</u></p> <p>c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers (a)	x	Lifeline Support/ Subscriber (b)*	=	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	<u>297</u>	x	\$ <u>6.50</u>	=	\$ <u>1,931</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	<u>297</u>	x	\$ <u>1.75</u>	=	\$ <u>520</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	<u> </u>	x	\$ <u> </u>	=	\$ <u>0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	<u> </u>	x	\$ <u> </u>	=	\$ <u>0</u>

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9. \$ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 2,450 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

* For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	<u> </u>	<u> </u>	
Charges waived per Connection* (12)	\$ <u> </u> (\$30)	\$ <u> </u> (\$100 max)	
Total Connection charges waived (13)	\$ <u>0</u>	\$ <u>0</u>	
Deferred Interest (14)	\$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived (15)	\$ <u>0</u>	\$ <u>0</u>	= \$ <u>0</u> (15c)

* For multiple rates, use an average amount

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	\$ <u> </u>		
Number of subscribers for whom TLS initiated (17)	<u> </u>	Total TLS dollars claimed	\$ <u>0</u> (18)

ETC Payment (19)			
Total Lifeline \$	<u>2,450</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
Total Dollars		\$ <u>2,450</u>	

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (20)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is subject to state regulation. is not subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Sept 1, 2008
DATE



OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

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The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002750

Serving Area (2) 381811

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL COMMUNICATIONS INC</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tshilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>AUGUST</u></p> <p>b) Data Month <u>AUGUST</u></p> <p>c) Type of filing (Check one): Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) State Reporting <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5) <u>300</u>	x \$ <u>6.50</u>	= \$ <u>1,950</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6) <u>300</u>	x \$ <u>1.75</u>	= \$ <u>525</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7) _____	x \$ _____	= \$ <u>0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8) _____	x \$ _____	= \$ <u>0</u>
Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>			\$ _____ (9)
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)			Total federal Lifeline support claimed \$ <u>2,475</u> (10) (Sum of lines 5c, 6c, 7c, 8c & 9)

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived	(11) _____	_____	
Charges waived per Connection*	(12) \$ _____ (\$30)	\$ _____ (\$100 max)	
Total Connection charges waived	(13) \$ <u>0</u>	\$ <u>0</u>	
Deferred Interest	(14) \$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived	(15) \$ <u>0</u>	\$ <u>0</u>	= \$ <u>0</u> (15c)

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS	(16) \$ _____		
Number of subscribers for whom TLS initiated	(17) _____	Total TLS dollars claimed	\$ <u>0</u> (18)

ETC Payment (19)			
Total Lifeline \$	<u>2,475</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
Total Dollars		\$ <u>2,475</u>	

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (20)

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is _____ is not _____ subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

August 1, 2008
DATE


OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143 002 750

Serving Area (2) 381 611

<p>(3)</p> <p>Company Name: <u>DICKEY RURAL COMMUNICATIONS INC</u></p> <p>Mailing Address: <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p>Contact Name: <u>Troy Schilling</u></p> <p>Telephone Number: <u>701-344-5000</u></p> <p>Fax Number: <u>701-344-4300</u></p> <p>E-mail Address: <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>JULY</u></p> <p>b) Data Month <u>JULY</u></p> <p>c) Type of filing (Check one): Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) State Reporting <u>ND</u></p>
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Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	300	x \$ 6.50	= \$ <u>1950</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	300	x \$ 1.75	= \$ <u>525</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	_____	x \$ _____	= \$ _____
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	_____	x \$ _____	= \$ _____

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9. \$ _____ (9)

NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ 2475 (10)
(Sum of lines 5c, 6c, 7c, 8c & 9)

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	_____	_____	
Charges waived per Connection (12) *	\$ _____ (\$30 max)	\$ _____ (\$100 max)	
Total Connection charges waived (13)	\$ _____	\$ _____	
Deferred Interest (14)	\$ _____	\$ _____	
Total Link Up dollars waived (15)	\$ _____ +	\$ _____ =	\$ <u>_____</u> (15c)

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	\$ _____		
Number of subscribers for whom TLS initiated (17)	_____	Total TLS dollars claimed	\$ <u>_____</u> (18)

Presubscribed Interexchange Carrier Charge (PICC) (For Price-cap companies only; prior to 7/1/2000)			
Monthly charge per line (19)	\$ _____		
Number of Subscribers per month (20)	_____	Total PICC dollars waived	\$ <u>_____</u> (21)

ETC Payment (22)			
Total Lifeline \$ <u>2475</u>	Total TLS \$ _____		
Total Link Up \$ _____	Total PICC \$ _____		
Total Dollars		\$ <u>2475</u>	

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

CERTIFICATIONS AND SIGNATURES (23)

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I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is is not subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

July 1, 2008
DATE


OFFICER/EMPLOYEE SIGNATURE

Financial Manager
OFFICER/EMPLOYEE TITLE

Troy Schilling
OFFICER/EMPLOYEE NAME

NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs. The Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to jboley@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.