



NEMONT
PO BOX 600
SCOBEY, MT 59263-0600
Telephone: 783-2200
Fax: (406) 783-5639

To: Sharon Helbling Fax No: 701-328-2410
From: Char Gustitis Date: 9-25-08
Re: September FCC 4975 Pages: 3
cc: North Dakota

Urgent For Review Please Comment Please Reply Please Recycle

Privilege and Confidentiality Notice

The information in this telecopy is intended for the named recipient(s) only. It may contain information that is privileged, confidential, or otherwise protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied material is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately and mail the original back to us at the above address. Your cooperation is greatly appreciated.

Form # G-1
Created By: Jodie Richardson 10/25/07
Revised 10/25/07

128 PU-08-1 Filed: 9/25/2008 Pages: 2
September 2008 Filing

FCC 497
October 2000

LIFELINE AND LINK UP WORKSHEET

Approved by OMB
3080-0819
Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143025699 Serving Area (2) 382247

<p>(3)</p> <p>Company Name: <u>MISSOURI VALLEY COMMUNICATIONS, INC.</u></p> <p>Mailing Address: <u>PO BOX 600</u> <u>SCOBEY, MT. 59263</u></p> <p>Contact Name: <u>ROGER DEL FIACCO, Acctg, Finance, Cost & Regulatory</u></p> <p>Telephone Number: <u>(406) 783-2200</u></p> <p>Fax Number: <u>(406) 783-5639</u></p> <p>E-mail Address: _____</p>	<p>(4)</p> <p>a) Submission Date <u>September 25, 2008</u></p> <p>b) Data Month <u>SEPTEMBER</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>
---	--

Lifeline	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	399	x \$ 6.50	= \$ 2,594
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	399	x \$ 1.75	= \$ 698
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	399	x \$ 1.75	= \$ 698
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	0	x \$ 0.00	= \$ _____
Check box to the right if partials or pro rata amounts are used. Indicate dollar amount, if applicable, on line 9. *			\$ (10) (9)
NOTE: (Do not include partials or pro rata amounts on lines 5 - 8 above)			
Total federal Lifeline support claimed (Sum of lines 5c, 6c, 7c, 8c & 9)			\$ 3,980 (10)

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	4	0	
Charges waived per Connection (12) *	15.00 (\$30 max)	15.00 (\$100 max)	
Total Connection charges waived (13)	60.00	0.00	
Deferred Interest (14)	0	0	
Total Link Up dollars waived (15)	60.00	0.00	= \$ 60 (15c)

Toll-Limitation Services (TLS)			
Incremental cost of providing TLS (16)	5.00		
Number of subscribers for whom TLS initiated (17)		Total TLS dollars claimed	\$ 0.00 (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	\$ 0 (21)

ETC Payment (22)			
Total Lifeline \$	<u>3,980.00</u>	Total TLS \$	<u>0</u>
Total Link Up \$	<u>60.00</u>	Total PICC \$	<u>0</u>
		Total Dollars \$	<u>4,040.00</u>

If you have any questions, please call USAC at (973) 884-8027 or (973) 884-8553