



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

**RECEIVED**

DEC 30 2008

**PUBLIC SERVICE COMMISSION**

December 22, 2008

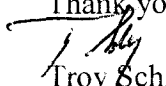
Public Service Commission  
600 East Boulevard Ave Dept 408  
Bismarck, ND 58505-0480

Dear Commissioners:

Enclosed is the Lifeline and Linkup Worksheets for Dickey Rural Telephone Coop., Dickey Rural Access Inc., and Dickey Rural Communications Inc. for the 4th quarter of 2008.

Please call if you have any questions.

Thank you,

  
Troy Schilling  
Financial Manager

Enclosure

166 PU-08-1 Filed: 12/30/2008 Pages: 19  
4th Quarter 2008 Lifeline and Linkup Worksheets

Dickey Rural Telephone Cooperative

LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002204

Serving Area (2) 381611

<p>(3)</p> <p><b>Company Name:</b> <u>DICKEY RURAL TELEPHONE COOP</u></p> <p><b>Mailing Address:</b> <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p><b>Contact Name:</b> <u>Troy Schilling</u></p> <p><b>Telephone Number:</b> <u>701-344-5000</u></p> <p><b>Fax Number:</b> <u>701-344-4300</u></p> <p><b>E-mail Address:</b> <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) <b>Submission Date</b> <u>December 1, 2008</u></p> <p>b) <b>Data Month</b> <u>December</u></p> <p>c) <b>Type of filing (Check one):</b> Original <input type="checkbox"/> x Revision <input type="checkbox"/></p> <p>d) <b>State Reporting</b> <u>NORTH DAKOTA</u></p>
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<b>Lifeline</b>	# Lifeline Subscribers (a)	x	Lifeline Support/ Subscriber (b)*	=	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	<u>114</u>	x	\$ <u>6.50</u>	=	\$ <u>741</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	<u>114</u>	x	\$ <u>1.75</u>	=	\$ <u>200</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 \$ 941 (10)  
(Sum of lines 5c, 6c, 7c, 8c & 9)

<b>Link Up</b>	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>	Total TLS dollars claimed	\$ <u>0</u> (18)
Number of subscribers for whom TLS initiated (17)	<u>          </u>		

Total Lifeline \$ <u>941</u>	Total TLS \$ <u>0</u>	
Total Link Up \$ <u>0</u>		
<b>Total Dollars</b>		\$ <u>941</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.

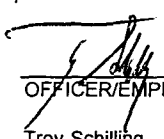
I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

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.

December 1, 2008  
DATE

  
\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE  
Troy Schilling  
\_\_\_\_\_  
OFFICER/EMPLOYEE NAME

Financial Officer  
OFFICER/EMPLOYEE TITLE

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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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.

LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002204

Serving Area (2) 381611

<p>(3)</p> <p><b>Company Name:</b> <u>DICKEY RURAL TELEPHONE COOP</u></p> <p><b>Mailing Address:</b> <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p><b>Contact Name:</b> <u>Troy Schilling</u></p> <p><b>Telephone Number:</b> <u>701-344-5000</u></p> <p><b>Fax Number:</b> <u>701-344-4300</u></p> <p><b>E-mail Address:</b> <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) <b>Submission Date</b> <u>November 18, 2008</u></p> <p>b) <b>Data Month</b> <u>NOVEMBER</u></p> <p>c) <b>Type of filing (Check one):</b> Original <input type="checkbox"/> X Revision <input type="checkbox"/></p> <p>d) <b>State Reporting</b> <u>NORTH DAKOTA</u></p>
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<b>Lifeline</b>	# Lifeline Subscribers (a)	Lifeline Support/ Subscriber (b)*	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support (5)	<u>108</u>	x \$ <u>6.50</u>	= \$ <u>702</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	<u>108</u>	x \$ <u>1.75</u>	= \$ <u>189</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 <b>partials</b> or <b>pro rata amounts</b> are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>			\$ <u>          </u> (9)
<b>NOTE:</b> (Do not include partials or pro rata amounts on lines 5 - 8 above)			Total federal Lifeline support claimed \$ <u>891</u> (10) (Sum of lines 5c, 6c, 7c, 8c & 9)

\*For multiple rates, use an average amount

<b>Link Up</b>	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

<b>Toll-Limitation Services (TLS)</b>			
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)

<b>ETC Payment (19)</b>			
Total Lifeline \$	<u>891</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
	<b>Total Dollars</b>		<b>\$ <u>891</u></b>

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.

November 18, 2008  
DATE

  
OFFICER/EMPLOYEE SIGNATURE

Financial Officer  
OFFICER/EMPLOYEE TITLE

Troy Schilling  
OFFICER/EMPLOYEE NAME

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002204

Serving Area (2) 381611

<b>(3)</b>		<b>(4)</b>	
Company Name:	<u>DICKEY RURAL TELEPHONE COOP</u>	a) Submission Date	<u>October 21, 2008</u>
Mailing Address:	<u>PO BOX 69</u>	b) Data Month	<u>OCTOBER</u>
	<u>ELLENDALE, ND 58436</u>	c) Type of filing (Check one):	Original <input type="checkbox"/> X Revision <input type="checkbox"/>
Contact Name:	<u>Troy Schilling</u>	d) State Reporting	<u>NORTH DAKOTA</u>
Telephone Number:	<u>701-344-5000</u>		
Fax Number:	<u>701-344-4300</u>		
E-mail Address:	<u>tschilling@drtel.com</u>		

Lifeline		# Lifeline Subscribers (a)		Lifeline Support/ Subscriber (b)*	=	Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5)	<u>105</u>	x	\$ <u>6.50</u>	=	\$ <u>683</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6)	<u>105</u>	x	\$ <u>1.75</u>	=	\$ <u>184</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 <b>partials</b> or <b>pro rata</b> amounts are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>						\$ <u>          </u> (9)
<b>NOTE:</b> (Do not include partials or pro rata amounts on lines 5 - 8 above)						
Total federal Lifeline support claimed \$ <u>867</u>						(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>0</u>		<u>          </u>		
Charges waived per Connection*	(12)	\$ <u>0.00</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)			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>867</u>
Total Link Up \$	<u>0</u>
Total TLS	\$ <u>0</u>
<b>Total Dollars</b>	\$ <u>867</u>

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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.)

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

October 21, 2008  
DATE

  
\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE

FINANCIAL OFFICER  
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><b>Company Name:</b> <u>DICKEY RURAL ACCESS INC</u></p> <p><b>Mailing Address:</b> <u>PO BOX 69</u> <u>ELLENDALE ND 58436</u></p> <p><b>Contact Name:</b> <u>Troy Schilling</u></p> <p><b>Telephone Number:</b> <u>701-344-5000</u></p> <p><b>Fax Number:</b> <u>701-344-4300</u></p> <p><b>E-mail Address:</b> <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) <b>Submission Date</b> <u>December 1, 2008</u></p> <p>b) <b>Data Month</b> <u>December</u></p> <p>c) <b>Type of filing (Check one):</b> Original <input type="checkbox"/> x Revision <input type="checkbox"/></p> <p>d) <b>State Reporting</b> <u>NORTH DAKOTA</u></p>
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Lifeline	# Lifeline Subscribers	Lifeline Support/ Subscriber	Total Lifeline Support
	(a)	(b)*	(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)	<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)
<b>NOTE:</b> (Do not include partials or pro rata amounts on lines 5 - 8 above)			Total federal Lifeline support claimed \$ <u>842</u> (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>1</u>	<u>          </u>	<u>          </u>
Charges waived per Connection* (12)	\$ <u>17.50</u>	(\$30 \$ <u>          </u> )	(\$100 max)
Total Connection charges waived (13)	\$ <u>18</u>	\$ <u>0</u>	<u>          </u>
Deferred Interest (14)	\$ <u>0</u>	\$ <u>0</u>	<u>          </u>
Total Link Up dollars waived (15)	\$ <u>18</u>	\$ <u>0</u>	= \$ <u>18</u> (15c)

\* For multiple rates, use an average amount

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

ETC Payment (19)			
Total Lifeline \$	<u>842</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>18</u>		
Total Dollars		\$ <u>860</u>	

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

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December 1, 2008  
DATE

  
\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE  
Troy Schilling  
\_\_\_\_\_  
OFFICER/EMPLOYEE NAME

Financial Officer  
OFFICER/EMPLOYEE TITLE

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143025998

Serving Area (2) 381611

<p>(3)</p> <p><b>Company Name:</b> <u>DICKEY RURAL ACCESS INC</u></p> <p><b>Mailing Address:</b> <u>PO BOX 69</u> <u>ELLEDALE ND 58436</u></p> <p><b>Contact Name:</b> <u>Troy Schilling</u></p> <p><b>Telephone Number:</b> <u>701-344-5000</u></p> <p><b>Fax Number:</b> <u>701-344-4300</u></p> <p><b>E-mail Address:</b> <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>November 18, 2008</u></p> <p>b) Data Month <u>NOVEMBER</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>101</u>	<u>x</u> \$ <u>6.50</u>	= \$ <u>657</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	<u>101</u>	<u>x</u> \$ <u>1.75</u>	= \$ <u>177</u>
Tier 3 Low-Income Subscribers receiving federal Lifeline Support (7)	_____	<u>x</u> \$ _____	= \$ <u>0</u>
Tier 4 Low-Income Subscribers receiving federal Lifeline Support (8)	_____	<u>x</u> \$ _____	= \$ <u>0</u>
Check box to the right if <b>partials</b> or <b>pro rata</b> amounts are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/> \$ _____ (9)			
<b>NOTE:</b> (Do not include partials or pro rata amounts on lines 5 - 8 above)			
Total federal Lifeline support claimed \$ <u>834</u> (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>834</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
Total Dollars			\$ <u>834</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.

November 18, 2008  
DATE

  
\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE

Financial Officer  
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.

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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>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>October 21, 2008</u></p> <p>b) Data Month <u>OCTOBER</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>101</u>	x \$ <u>6.50</u>	= \$ <u>657</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support (6)	<u>101</u>	x \$ <u>1.75</u>	= \$ <u>177</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)
<b>NOTE:</b> (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)			\$ <u>834</u> (10)

\* For multiple rates, use an average amount

Link Up	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	<u>1</u>	<u>          </u>	
Charges waived per Connection* (12)	\$ <u>17.50</u> (\$30)	\$ <u>          </u> (\$100 max)	
Total Connection charges waived (13)	\$ <u>18</u>	\$ <u>0</u>	
Deferred Interest (14)	\$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived (15)	\$ <u>18</u>	\$ <u>0</u>	= \$ <u>18</u> (15c)

\* For multiple rates, use an average amount

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

ETC Payment (19)			
Total Lifeline \$	<u>834</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>18</u>		
<b>Total Dollars</b>			<b>\$ <u>852</u></b>

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

CERTIFICATIONS AND SIGNATURES (20)

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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 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.

October 21, 2008  
DATE

  
\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE  
TROY SCHILLING  
\_\_\_\_\_  
OFFICER/EMPLOYEE NAME

FINANCIAL OFFICER  
OFFICER/EMPLOYEE TITLE

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LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002750

Serving Area (2) 381611

<p>(3)</p> <p><b>Company Name:</b> <u>DICKEY RURAL COMMUNICATIONS INC</u></p> <p><b>Mailing Address:</b></p> <p><u>PO BOX 69</u></p> <p><u>ELLENDALE ND 58436</u></p> <p><b>Contact Name:</b> <u>Troy Schilling</u></p> <p><b>Telephone Number:</b> <u>701-344-5000</u></p> <p><b>Fax Number:</b> <u>701-344-4300</u></p> <p><b>E-mail Address:</b> <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) <b>Submission Date</b> <u>December 1, 2008</u></p> <p>b) <b>Data Month</b> <u>December</u></p> <p>c) <b>Type of filing (Check one):</b> Original <input type="checkbox"/> x Revision <input type="checkbox"/></p> <p>d) <b>State Reporting</b> <u>NORTH DAKOTA</u></p>
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<b>Lifeline</b>	# Lifeline Subscribers	(a)	x	Lifeline Support/ Subscriber	(b)*	=	Total Lifeline Support	(c)
<b>Tier 1</b> Low-Income Subscribers receiving federal Lifeline Support	(5)	<u>311</u>	x	\$ <u>6.50</u>	=	\$ <u>2,022</u>		
<b>Tier 2</b> Low-Income Subscribers receiving federal Lifeline Support	(6)	<u>311</u>	x	\$ <u>1.75</u>	=	\$ <u>544</u>		
<b>Tier 3</b> Low-Income Subscribers receiving federal Lifeline Support	(7)	<u>          </u>	x	\$ <u>          </u>	=	\$ <u>0</u>		
<b>Tier 4</b> 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 \$ 2,566 (10)  
(Sum of lines 5c, 6c, 7c, 8c & 9)

\*For multiple rates, use an average amount

<b>Link Up</b>	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	<u>1</u>	<u>          </u>	
Charges waived per Connection* (12)	\$ <u>17.50</u>	(\$30 \$ <u>          </u> (\$100 max)	
Total Connection charges waived (13)	\$ <u>18</u>	\$ <u>0</u>	
Deferred Interest (14)	\$ <u>0</u>	\$ <u>0</u>	
Total Link Up dollars waived (15)	\$ <u>18</u>	\$ <u>0</u>	= \$ <u>18</u> (15c)

\*For multiple rates, use an average amount

<b>Toll-Limitation Services (TLS)</b>			
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)

<b>ETC Payment (19)</b>			
Total Lifeline \$	<u>2,566</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>18</u>		
		<b>Total Dollars</b>	<b>\$ <u>2,584</u></b>

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CERTIFICATIONS AND SIGNATURES (20)

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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.

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December 1, 2008  
DATE

  
OFFICER/EMPLOYEE SIGNATURE

Financial Officer  
OFFICER/EMPLOYEE TITLE

Troy Schilling  
OFFICER/EMPLOYEE NAME

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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>305</u>	x	\$ <u>6.50</u>	=	\$ <u>1,983</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6) <u>305</u>	x	\$ <u>1.75</u>	=	\$ <u>534</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>

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

Total federal Lifeline support claimed \$ 2,517 (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)		Total TLS dollars claimed	
Incremental cost of providing TLS	(16) \$ _____		
Number of subscribers for whom TLS initiated	(17) _____	\$ <u>0</u>	(18)

ETC Payment (19)			
Total Lifeline \$	<u>2,517</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>0</u>		
		Total Dollars	\$ <u>2,517</u>

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November 18, 2008  
DATE

  
OFFICER/EMPLOYEE SIGNATURE

Financial Officer  
OFFICER/EMPLOYEE TITLE

Troy Schilling  
OFFICER/EMPLOYEE NAME

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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.

LIFELINE AND LINK UP WORKSHEET

USAC Service Provider Identification Number (1) 143002750

Serving Area (2) 381611

<p>(3)</p> <p><b>Company Name:</b> <u>DICKEY RURAL COMMUNICATIONS INC</u></p> <p><b>Mailing Address:</b> <u>PO BOX 69</u> <u>ELLENDALE, ND 58436</u></p> <p><b>Contact Name:</b> <u>Troy Schilling</u></p> <p><b>Telephone Number:</b> <u>701-344-5000</u></p> <p><b>Fax Number:</b> <u>701-344-4300</u></p> <p><b>E-mail Address:</b> <u>tschilling@drtel.com</u></p>	<p>(4)</p> <p>a) Submission Date <u>October 21, 2008</u></p> <p>b) Data Month <u>OCTOBER</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>298</u>	x	\$ <u>6.50</u>	=	\$ <u>1,937</u>
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6)	<u>298</u>	x	\$ <u>1.75</u>	=	\$ <u>522</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 <b>partials</b> or <b>pro rata amounts</b> are used. Indicate dollar amount, if applicable, on line 9. <input type="checkbox"/>						\$ <u>          </u> (9)
<b>NOTE:</b> (Do not include partials or pro rata amounts on lines 5 - 8 above)						
Total federal Lifeline support claimed						\$ <u>2,459</u> (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>1</u>		<u>          </u>		
Charges waived per Connection*	(12)	\$ <u>17.50</u> (\$30)		\$ <u>          </u> (\$100 max)		
Total Connection charges waived	(13)	\$ <u>18</u>		\$ <u>0</u>		
Deferred Interest	(14)	\$ <u>0</u>		\$ <u>0</u>		
Total Link Up dollars waived	(15)	\$ <u>18</u>	+	\$ <u>0</u>	=	\$ <u>18</u> (15c)

\* For multiple rates, use an average amount

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>2,459</u>	Total TLS	\$ <u>0</u>
Total Link Up \$	<u>18</u>		
Total Dollars			\$ <u>2,477</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.

October 21, 2008  
DATE

  
\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE

FINANCIAL OFFICER  
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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