FCC Form 497
July 2008 Edition

LIFELINE AND LINK UP WORKSHEET

Approved by OMB
3060-0819
Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143025998 **Serving Area (2)** 381611

(3)		(4)	
Company Name:	DICKEY RURAL TELEPHONE COOP		
Mailing Address:	PO BOX 69	a) Submission Date	April 1, 2009
	ELLENDALE ND 58436	b) Data Month	~~March~~ April
Contact Name:	Troy Schilling		
Telephone Number:	701-344-5000	c) Type of filing (Check one):	Original ☐ X Revision ☐
Fax Number:	701-344-4300		
E-mail Address:	tschilling@drtel.com	d) State Reporting	NORTH DAKOTA

Lifeline

		# Lifeline Subscribers (a)		Lifeline Support/ Subscriber (b)*		Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5)	120	x	$ 6.50	=	$ 780
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6)	120	x	$ 1.75	=	$ 210
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7)		x	$	=	$ 0
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8)		x	$	=	$ 0

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 $ 990 (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)	0					
Charges waived per Connection*	(12)	$ 0.00	($30	$	($100 max)		
Total Connection charges waived	(13)	$ 0		$ 0			
Deferred Interest	(14)	$ 0		$ 0			
Total Link Up dollars waived	(15)	$ 0	+	$ 0	=	$ 0	(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 $ 0 (18)

ETC Payment (19)

Total Lifeline $ 990
Total Link Up $ 0
Total TLS $ 0
Total Dollars $ 990

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

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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.

March 1, 2009	
DATE	OFFICER/EMPLOYEE SIGNATURE
Financial Manager	Troy Schilling
OFFICER/EMPLOYEE TITLE	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.

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.

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Avg. Burden Est. per Respondent: 3.0 Hrs.

USAC Service Provider Identification Number (1) 143025998 **Serving Area (2)** 381611

(3)		(4)	
Company Name:	DICKEY RURAL TELEPHONE COOP		
Mailing Address:		a) Submission Date	May 1, 2009
	PO BOX 69		
	ELLENDALE ND 58436	b) Data Month	MAY
Contact Name:	Troy Schilling		
Telephone Number:	701-344-5000	c) Type of filing (Check one):	Original ☐ X Revision ☐
Fax Number:	701-344-4300		
E-mail Address:	tschilling@drtel.com	d) State Reporting	NORTH DAKOTA

Lifeline

		# Lifeline Subscribers (a)		Lifeline Support/ Subscriber (b)*		Total Lifeline Support (c)
Tier 1 Low-Income Subscribers receiving federal Lifeline Support	(5)	107	x	$ 6.50	=	$ 696
Tier 2 Low-Income Subscribers receiving federal Lifeline Support	(6)	107	x	$ 1.75	=	$ 187
Tier 3 Low-Income Subscribers receiving federal Lifeline Support	(7)		x	$	=	$ 0
Tier 4 Low-Income Subscribers receiving federal Lifeline Support	(8)		x	$	=	$ 0

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 $ 883 (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)	$ 0		$ 0			
Deferred Interest	(14)	$ 0		$ 0			
Total Link Up dollars waived	(15)	$ 0	+	$ 0	=	$ 0	(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	$ 0 (18)

ETC Payment (19)

Total Lifeline $ 883 Total TLS $ 0
Total Link Up $ 0

Total Dollars $ 883

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

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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.

May 1, 2009	
DATE	OFFICER/EMPLOYEE SIGNATURE
Financial Manager	Troy Schilling
OFFICER/EMPLOYEE TITLE	OFFICER/EMPLOYEE NAME

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(3)		(4)	
Company Name:	DICKEY RURAL TELEPHONE COOP		
Mailing Address:		a) Submission Date	June 1, 2009
	PO BOX 69		
	ELLENDALE ND 58436	b) Data Month	JUNE
Contact Name:	Troy Schilling		
Telephone Number:	701-344-5000	c) Type of filing (Check one):	Original ☐ x Revision ☐
Fax Number:	701-344-4300		
E-mail Address:	tschilling@drtel.com	d) State Reporting	NORTH DAKOTA

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June 1, 2009	
DATE	OFFICER/EMPLOYEE SIGNATURE
Financial Manager	Troy Schilling
OFFICER/EMPLOYEE TITLE	OFFICER/EMPLOYEE NAME

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