



**RECEIVED**

June 29, 2012

JUN 29 2012

**PUBLIC SERVICE COMMISSION**

Darrell Nitschke  
Executive Secretary  
North Dakota Public Service Commission  
600 E. Blvd. Ave. Dept. 408  
Bismarck, ND 58505-0480

RE: Section 54.304(d)(1) and 51.917 (d) (vii) FCC filing requirements

Dear Mr. Nitschke:

Enclosed for your information is a copy of the certifications and data supporting our CAF, ICC and ARC information that have been filed with the FCC.

Should you have any questions, please contact me via email at [cindyh@daktel.net](mailto:cindyh@daktel.net) or by phone 701-652-6120.

Sincerely,

A handwritten signature in black ink that reads 'Cindy Hewitt'.

Cindy Hewitt  
Accounting Manager  
Dakota Central Telecommunications Cooperative

Enclosures

2 PU-12-374 Filed 06/29/2012 Pages: 12  
Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data  
Dakota Central Telecommunications Cooperative



CONNECT AMERICA FUND  
 RATE OF RETURN CARRIER ELIGIBLE RECOVERY  
 DATA COLLECTION FORM at the STUDY AREA LEVEL

(20) Program Year: July 1, 2012 through June 30, 2013

(40) Contact Name: Person USAC should contact with question about this data: Cindy Hewitt

(45) Contact Telephone Number: 701-652-6120 Ext:

(49) Contact EMail: Email of the person identified in Data Line (040) cindyh@daktel.com

Submission Type (Check one): Original Projection

|  |                    |               |                     | Rule                     | 51.917(c)(1)(ii)                                    | 51.917(c)(1)(i)   | 51.917(c)(1)(iii)                           |
|--|--------------------|---------------|---------------------|--------------------------|---|---|---|
|  |                    |               |                     | Order                    | para 892  | para 892  | para 892                                    |
|  |                    | (010)         | (015)               |                          | (050)   | (054)   | RATE OF RETURN (ROR) CARRIER                |
|  |                    |               |                     |                          | (1)   | (2)   | (3)   |
| Holding Company Name                     | Holding Company ID | Study Area ID | Study Area Name     | CAF ICC Support Election | 2011 Interstate Switched Access Revenue Requirement | FY 2011 Intrastate Terminating Switched Access Revenues | FY 2011 Net Reciprocal Compensation Revenue |
| Dakota Central Telecommunications Cooper | 200001610          | 381610        | DAKOTA CENTRAL COOP | Y                        | \$ 702656.84  | \$ 548677   | \$ 85238.00                                 |

| calc                                 | 51.917(b)(2)<br>para 894               | calc                            | 51.917(d)(1)(i)(2)<br>para 898                               | 51.917(d)(1)(i)(1)<br>para 898                  | 51.917(d)(1)(i)(3)                                |
|--------------------------------------|--|---------------------------------|--|---|---|
| REVENUE REQUIREMENT                  |  |                                 | REVENUES FROM REFORMED INTERCARRIER COMPENSATION (ICC) RATES |   |   |
| (4)=(1)+(2)+(3)                      | (060)<br>(5)                           | (6)=(4)*(5)                     | (070)<br>(7)   | (074)<br>(8)                                    | (9)   |
| 2011 ROR Carrier Base Period Revenue | ROR Carrier Baseline Adjustment Factor | ROR Carrier Revenue Requirement | Interstate Switched Access Revenues                          | Transitional Intrastate Access Service Revenues | Net Transitional Reciprocal Compensation Revenues |
| \$ 1336571.84                        | 95%                                    | \$ 1269743.00                   | \$ 725617.00   | \$ 455653.00                                    | \$ 0.00   |

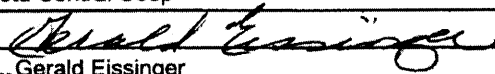
|                           |                   |               |                           |                 |   |   |  |
|---------------------------|-------------------|---------------|---------------------------|-----------------|---|---|--|
| 51.917(d)(1)(iii)(4)      | calc              |               |                           |                 |   |   | calc                                     |
| Eligible Recovery         |                   |               |                           |                 |   |   |  |
| (078)                     |                   |               |                           |                 |   |   |  |
| (10)                      | (11)=(7)+(8)+(9)  | (12)          | (13)                      | (14)            | (15)  | (16)  | (17)=[(6)-(11)]+(12)+(13)+(14)-(15)-(16) |
| (Reserved for future use) | Total ICC Revenue | TRS Increment | Regulatory-Fees Increment | NANPA Increment | State Terminating Access Support revenue to be received | Interstate Local Switching Support for Price Cap Affiliates | Eligible Recovery                        |
|                           | \$ 1181271.00     | \$ 1000       | \$ 103                    | \$ 0            | \$ 0  | \$ 0.00   | \$ 89575.00                              |

|                                       |  |   |                           |   |
|---------------------------------------|--|---|---------------------------|---|
| calc                                  | calc                                     | calc                                    | calc                      | 51.917(f)(2)  |
|                                       |  |   | para 899                  |   |
| REVENUES FROM ACCESS RECOVERY CHARGES |  |   |                           |   |
| (18)                                  | (19)                                     | (20)                                    | (21)=(18)+(19)+(20)       | (22)=(17)-(21)  |
| Residential ARC Annual Revenues       | Single-Line Business ARC Annual Revenues | Multi-Line Business ARC Annual Revenues | TOTAL ARC ANNUAL REVENUES | ICC-REPLACEMENT CONNECT AMERICA<br>FUND (CAF) SUPPORT |
| \$14,658.00                           | \$1,494.00                               | \$8,220.00                              | \$24,372.00               | \$65,203.00   |

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

|   |   |  |            |
|---|---|--|------------|
| Name of Reporting Carrier                                   |   | Dakota Central Coop                        |            |
| Signature of Authorized Officer                             |  | Date                                       | 05/24/2012 |
| Printed name of Authorized Officer                          |   | Gerald Eissinger                           |            |
| Title or position of Authorized Officer                     |   | President                                  |            |
| Telephone number of Authorized Officer: (701) 486-3368 ext. |   |  |            |
| Study Area Code of Reporting Carrier                        | 381610  | Filing Due Date for this form (mm/dd/yyyy) | 06/18/2012 |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

|  |               |  |                   |
|--|---------------|--|-------------------|
| Name of Reporting Carrier <b>Dakota Central Coop</b>   |               |  |                   |
| Signature of authorized officer <i>Gerald Eissinger</i>  | Date          | <b>05/24/2012</b>                          |                   |
| Printed name of authorized officer <b>Gerald Eissinger</b>   |               |  |                   |
| Title or position of authorized officer <b>President</b>   |               |  |                   |
| Telephone number of authorized officer: <b>(701) 486-3368</b>  |               |  |                   |
| Study Area Code of Reporting Carrier   | <b>381610</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>06/18/2012</b> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                   |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

|  |               |  |                   |
|--|---------------|--|-------------------|
| Name of Reporting Carrier <b>Dakota Central Coop</b>   |               |  |                   |
| Signature of authorized officer <i>Gerald Eissinger</i>  |               | Date                                       | <b>05/24/2012</b> |
| Printed name of authorized officer <b>Gerald Eissinger</b>   |               |  |                   |
| Title or position of authorized officer <b>President</b>   |               |  |                   |
| Telephone number of authorized officer: <b>(701) 486-3368</b>  |               |  |                   |
| Study Area Code of Reporting Carrier   | <b>381610</b> | Filing Due Date for this form (mm/dd/yyyy) | <b>06/18/2012</b> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |               |  |                   |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Dakota Central Coop

Signature of Authorized Officer

*Gerald Eissinger*

Date 05/24/2012

Printed name of Authorized Officer Gerald Eissinger

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (701) 486-3668, ext.

Study Area Code of Reporting Carrier

381610

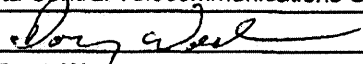
Filing Due Date for this form  
(mm/dd/yyyy)

06/18/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

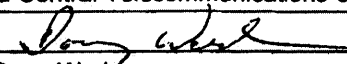
|  |               |  |                        |
|--|---------------|--|------------------------|
| <p><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p> |               |  |                        |
| Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>   |               |  |                        |
| Name of Reporting Carrier <u>Dakota Central Telecommunications Cooperative/ Dakota Central Telecom I, Inc.</u>   |               |  |                        |
| Signature of authorized officer   |               |  | Date <u>06/14/2012</u> |
| Printed name of authorized officer <u>Doug Wede</u>  |               |  |                        |
| Title or position of authorized officer <u>President</u>   |               |  |                        |
| Telephone number of authorized officer: <u>(701) 285-3516</u> ext.   |               |  |                        |
| Study Area Code of Reporting Carrier   | <u>381610</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>7/1/2012</u>        |

CERTIFICATION-AGENT

Rate Floor Template

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

|   |   |  |            |
|---|---|--|------------|
| Name of Reporting Carrier               | Dakota Central Telecommunications Cooperative/ Dakota Central Telecom I, Inc.     |  |            |
| Signature of authorized officer         |  | Date                                       | 06/14/2012 |
| Printed name of authorized officer      | Doug Wede   |  |            |
| Title or position of authorized officer | President   |  |            |
| Telephone number of authorized officer: | (701) 285-3516 ext.   |  |            |
| Study Area Code of Reporting Carrier    | 381610  | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2012   |