

DONALD A. NEGAARD  
JAMES E. NOSTDAHL  
CAROL K. LARSON  
DAVID J. HOGUE  
REED A. SODERSTROM  
BRENT M. OLSON  
DEBRA L. HOFFARTH  
SCOTT M. KNUDSVIG  
RYAN D. SANDBERG  
MATTHEW H. OLSON

ATTORNEYS LICENSED IN  
NORTH DAKOTA  
MINNESOTA  
MONTANA



LAW OFFICES OF  
**PRINGLE & HERIGSTAD, P.C.**

2525 ELK DRIVE  
POST OFFICE BOX 1000  
MINOT, NORTH DAKOTA 58702-1000  
(701) 852-0381  
FAX (701) 857-1361  
E-mail: pringle@srt.com

OF COUNSEL  
HERBERT L. MESCHKE  
RETIRED  
THOMAS A. WENTZ  
JAN M. SEBBY

KENNETH G. PRINGLE  
(1914-1983)  
MITCHELL H. MAHONEY  
(1929-1996)  
ROGER O. HERIGSTAD  
(1919-2003)  
MARK F. PURDY  
(1927-2011)

**RECEIVED**

OCT 11 2012

October 9, 2012

North Dakota Public Service Commission  
ATTN: Mr. Darrell Nitschke  
600 East Boulevard Ave., Twelfth Floor  
Bismarck, ND 58505

**PUBLIC SERVICE COMMISSION**

**RE: Case No. PU-12-401**

Dear Mr. Nitschke:

Enclosed for filing in the above-referenced matter, please find the following:

*1. 2012 CAF ICC Data Collection Update.*

If you have any questions regarding the same, please do not hesitate to contact me.

Very truly yours,

David J. Hogue

DJH/klb

Enclosures



2012 CAF ICC Data Collection Update

NECA Home NECA Data Collections Contact Us General Instructions Logout

Logged In User: Shari Flanders

Home Select Company Main Page Study Area Data Input Menu ▶ CAF & ARC Output ▶ Electronic Certifications ▶

Study Area: POLAR COMM MUT AID (ID: 381630)  
 Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

CAF Output and ARC Revenues

➔ Important: Please click the submit button on every page including the Study Area Intrastate, Interstate & Reciprocal Compensation Data Input and Exchange/Zone Level Data for Access Recovery Charge before you view the output screens.

CAF & ARC Output Page 1 CAF & ARC Output Page 2

Test Period 2012-2013 Data - CAF & ARC Output - Page 2  
 (July 1, 2012 - June 30, 2013)

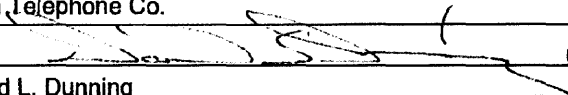
Study Area ID	Study Area Name	Eligible Recovery	Eligible Recovery (excluding pool administration expense)	Residential ARC Revenue at the FCC Prescribed Rate	SLB ARC Revenue at the FCC Prescribed Rate	MLB ARC Revenue at the FCC Prescribed Rate	Total ARC Revenue	CAF ICC Support
361512	WOLVERTON TEL CO	\$22,094.76	\$20,948.00	\$654.00	\$30.00	\$204.00	\$888.00	\$21,206.76
381509	WOLVERTON TEL CO	\$34,468.96	\$32,735.00	\$1,347.00	\$84.00	\$108.00	\$1,539.00	\$32,929.96
381614	POLAR COMM MUT AID-A	\$206,813.66	\$197,889.00	\$6,444.00	\$1,050.00	\$6,780.00	\$14,274.00	\$192,539.66
381630	POLAR COMM MUT AID	\$773,723.91	\$736,694.00	\$25,362.00	\$5,568.00	\$17,736.00	\$48,666.00	\$725,057.91

© 2012 NECA  
 Terms of Use | Privacy Policy

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

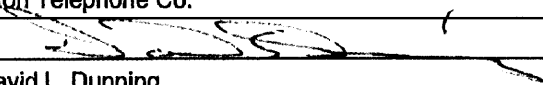
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier <b>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date	<b>9-26-12</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(703) 284-7221</b>			
Study Area Code of Reporting Carrier	<b>361512</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
<small>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.</small>			

**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>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date	<b>9-26-12</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> <small>Ext.</small>			
Study Area Code of Reporting Carrier	<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</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. §§ 602, 603(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**

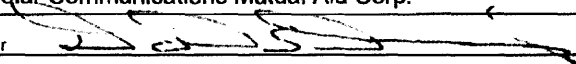
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Polar Communications Mutual Aid Corp.	
Signature of authorized officer			Date		9-26-12
Printed name of authorized officer					
David L. Dunning					
Title or position of authorized officer					
General Manager/CEO					
Telephone number of authorized officer: (703) 284-7221 ext.					
Study Area Code of Reporting Carrier		381614	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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>Polar Communications Mutual Aid Corp.</b>			
Signature of authorized officer 		Date	<b>9-26-12</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> ext.			
Study Area Code of Reporting Carrier	<b>381630</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</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,**

**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		Wolverton Telephone Co.	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer		9-26-12	
David L. Dunning			
Title or position of Authorized Officer		Executive Vice President	
Telephone number of Authorized Officer:		(701) 284-7221 ext.	
Study Area Code of Reporting Carrier	361512	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

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 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 **Wolverton Telephone Co.**

Signature of Authorized Officer 

Date

**9-26-12**

Printed name of Authorized Officer **David L. Dunning**

Title or position of Authorized Officer **Executive Vice President**

Telephone number of Authorized Officer: **(701) 284-7221**, ext.

Study Area Code of Reporting Carrier

**381509**

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

**10/4/2012**

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 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 **Polar Communications Mutual Aid Corp.**

Signature of Authorized Officer

Date

9-26-12

Printed name of Authorized Officer **David L. Dunning**

Title or position of Authorized Officer **General Manager/CEO**

Telephone number of Authorized Officer: **(701) 284-7221**, ext.

Study Area Code of Reporting Carrier

**381614**

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

**10/4/2012**

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 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 **Polar Communications Mutual Aid Corp.**

Signature of Authorized Officer

Date

**9-26-12**

Printed name of Authorized Officer **David L. Dunning**

Title or position of Authorized Officer **General Manager/CEO**

Telephone number of Authorized Officer: **(701) 284-7221**, ext.

Study Area Code of Reporting Carrier

**381630**

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

**10/4/2012**

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 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 Wolverton Telephone Co.

Signature of Authorized Officer 

Date

9-26-12

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: (701) 284-7221 ext.

Study Area Code of Reporting Carrier

361512

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

10/4/2012

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 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 Wolverton Telephone Co.

Signature of Authorized Officer 

Date

9-26-12

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: (701) 284-7221 ext.

Study Area Code of Reporting Carrier 381509

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

10/4/2012

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. §§ 602, 603(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 Polar Communications Mutual Aid Corp.

Signature of Authorized Officer 

Date

9-26-12

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (701) 284-7221 ext.

Study Area Code of Reporting Carrier

381614

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

10/4/2012

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 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 Polar Communications Mutual Aid Corp.

Signature of Authorized Officer 

Date

9-26-12

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (701) 284-7221 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier 381630

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

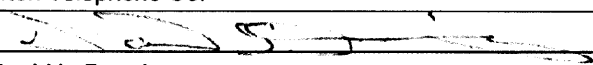
10/4/2012

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 Eligibility for CAF/ICC Recovery**

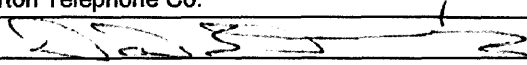
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to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

Name of Reporting Carrier <b>Wolverton Telephone Co.</b>			
Signature of authorized officer		Date	<b>9-26-12</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> , ext.			
Study Area Code of Reporting Carrier	<b>361512</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</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).

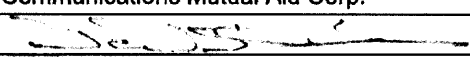
Name of Reporting Carrier <b>Wolverton Telephone Co.</b>			
Signature of authorized officer		Date	<b>9-26-12</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> <small>ext.</small>			
Study Area Code of Reporting Carrier	<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</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>Polar Communications Mutual Aid Corp.</b>			
Signature of authorized officer		Date	<b>9-26-12</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> , ext.			
Study Area Code of Reporting Carrier	<b>381614</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</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				Polar Communications Mutual Aid Corp.			
Signature of authorized officer			Date		9-26-12		
Printed name of authorized officer				David L. Dunning			
Title or position of authorized officer				General Manager/CEO			
Telephone number of authorized officer:				(701) 284-7221 ext.			
Study Area Code of Reporting Carrier		381630		Filing Due Date for this form (mm/dd/yyyy)		10/4/2012	
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.							