



West River Cooperative Telephone Co.

801 Coleman Ave. P. O. Box 39 Bison, SD 57620

June 29, 2012

RECEIVED

JUN 29 2012

North Dakota Public Service Commission
600 East Blvd., Dept. 408
Bismarck, ND 58505-0480

PUBLIC SERVICE COMMISSION

RE: Certifications and Data Supporting for CAF, ICC and ARC Filings

Dear Sirs:

Please find enclosed our Certifications and Supporting Data for our CAF, ICC and ARC filings.

Please contact me if you have any questions.

Sincerely,

Colgan Huber, Director of Finance

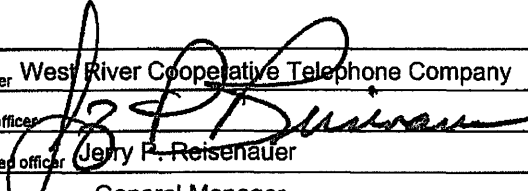
Attachment

2 PU-12-445 Filed 06/29/2012 Pages: 18
Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data
West River Cooperative Telephone Company

Rate Floor Template

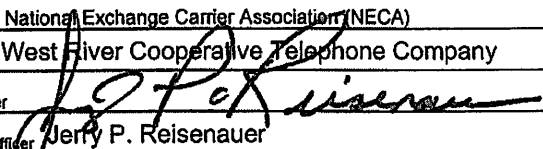
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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 West River Cooperative Telephone Company			
Signature of authorized officer 			Date 6/7/12
Printed name of authorized officer Jerry P. Reisenauer			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (605) 244-5213 ext.			
Study Area Code of Reporting Carrier	391689	Filing Due Date for this form (mm/dd/yyyy)	7/1/2012
<input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2012 and has no monthly residential rates (plus charges as defined) less than \$10.			

Rate Floor Data

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

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</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>West River Cooperative Telephone Company</u>			
Signature of authorized officer 			Date <u>6/7/12</u>
Printed name of authorized officer <u>Jerry P. Reisenauer</u>			
Title or position of authorized officer <u>General Manager</u>			
Telephone number of authorized officer: <u>(605) 244-5213 ext.</u>			
Study Area Code of Reporting Carrier	<u>391689</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>

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: WEST RIVER COOP

Signature of Authorized Officer: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer, email=jreisenauer@sdplains.com, O=west river coop, l=Bison SD 57620, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer: Jerry Reisenauer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 605-244-5213

Study Area Code of Reporting Carrier

391689

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

6/18/2012

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 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: WEST RIVER COOP

Signature of Authorized Officer or employee: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer, email=jreisenauer@sdplains.com, O=west river coop, l=Bison SD 57620, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Jerry Reisenauer

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 605-244-5213

Study Area Code of Reporting Carrier

391689

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

6/18/2012

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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, the 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: WEST RIVER COOP

Signature of Authorized Officer or employee: **Jerry Reisenauer**
Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer,email=jreisenauer@sdplains.com,O=west river coop,l=Bison SD 57620, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Jerry Reisenauer

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 605-244-5213

Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/18/2012	
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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 Carriers Association, Inc. 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 is accurate.

Name of Authorized Agent : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: WEST RIVER COOP

Signature of Authorized Officer: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer, email=jreisenauer@sdplains.com, O=west river coop, l=Bison SD 57620, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer: Jerry Reisenauer

Title or position of Authorized Officer: General Manager

Telephone number of authorized officer: 605-244-5213

Study Area Code of Reporting Carrier

391689

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

6/18/2012

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.

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: Paul Nesenson

(45) Contact Telephone Number: 651-452-2660 Ext:

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

Submission Type (Check one): Original Projection

				Rule
				Order
		(010)	(015)	
Holding Company Name	Holding Company ID	Study Area ID	Study Area Name	CAF ICC Support Election
N/A	N/A	391689	WEST RIVER COOP	Y

51.917(c)(1)(ii)	51.917(c)(1)(i)	51.917(c)(1)(iii)
para 892	para 892	para 892
RATE-OF-RETURN (ROR) CARRIER		
(050)	(054)	(058)
(1)	(2)	(3)
2011 Interstate Switched Access Revenue Requirement	FY 2011 Intrastate Terminating Switched Access Revenues	FY 2011 Net Reciprocal Compensation Revenue
\$ 612412.63	\$ 347697	\$ 70605.00

calc	51.917(b)(2)	calc
	para 894	para 892
REVENUE REQUIREMENT		
	(060)	
(4)=(1)+(2)+(3)	(5)	(6)=(4)*(5)
2011 ROR Carrier Base Period Revenue	ROR Carrier Baseline Adjustment Factor	ROR Carrier Revenue Requirement
\$ 1030714.63	95%	\$ 979178.00

51.917(d)(1)(i)(2)	51.917(d)(1)(i)(1)	51.917(d)(1)(i)(3)
para 898	para 898	
REVENUES FROM REFORMED INTERCARRIER COMPENSATION (ICC) RATES		
(070)	(074)	
(7)	(8)	(9)
Interstate Switched Access Revenues	Transitional Intrastate Access Service Revenues	Net Transitional Reciprocal Compensation Revenues
\$ 1182197.00	\$ 382781.00	\$ 0.00

51.917(d)(1)(iii)(4)	calc			
(078)				
(10)	(11)=(7)+(8)+(9)	(12)	(13)	(14)
(Reserved for future use)	Total ICC Revenue	TRS Increment	Regulatory-Fees Increment	NANPA Increment
	\$ 1564978.00	\$ 699	\$ 71	\$ 0

		calc
Eligible Recovery		
(15)	(16)	(17)=[(6)-(11)]+(12)+(13)+(14)-(15)-(16)
State Terminating Access Support revenue to be received	Interstate Local Switching Support for Price Cap Affiliates	Eligible Recovery
\$ 0	\$ 0.00	\$ 0.00

calc	calc	calc
REVENUES FROM ACCESS RECOVERY CHARGES		
(18)	(19)	(20)
Residential ARC Annual Revenues	Single-Line Business ARC Annual Revenues	Multi-Line Business ARC Annual Revenues
\$0.00	\$0.00	\$0.00

calc	51.917(f)(2)
para 899	
(21)=(18)+(19)+(20)	(22)=(17)-(21)
TOTAL ARC ANNUAL REVENUES	ICC-REPLACEMENT CONNECT AMERICA FUND (CAF) SUPPORT
\$0.00	\$0.00

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

					Rule
					Order
					(080)
					(1)
Holding Company Name	Holding Company ID	Study Area ID	Exchange Name	Zone Name	Residential Lines excluding Lifelines
		391689	Bison		130
		391689	Buffalo		181
		391689	Camp Crook		34
		391689	Lemmon		510
		391689	Meadow		17
		391689	Newell		245
		391689	Nisland		64
		391689	Sorum		18
		391689	Summary		1199

51.917(e)(6)(i)	calc		51.917(e)(6)(i)	calc

REVENUES FROM ACCESS RECOVERY CHARGES

(081)		(082)	(083)	
(2)	(3)=(1)*(2)*12	(4)	(5)	(6)=(4)*(5)*12
Residential ARC Charge	Residential ARC Revenue	Single-Line Business (SLB) Lines	SLB ARC	SLB ARC Revenue
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
\$0.00	\$0.00	1400		
	\$0.00	1400	\$0.00	\$0.00

	51.917(e)(6)(ii)	calc	calc
			para 899
(084)	(085)		
(7)	(8)	(9)=(7)*(8)*12	(10)=(3)+(6)+(9)
Multi-Line Business (SLB) Lines	MLB ARC	MLB ARC Revenue	Total ARC Revenue
645			
645			
645			
645			
645			
645			
645			
645			
645			
645	\$0.00	\$0.00	\$0.00