

**RECEIVED**

**JUN 29 2012**

**PUBLIC SERVICE COMMISSION**

June 29, 2012

Darrell Nitschek, Executive Secretary  
North Dakota public Service Commission  
600 E. Boulevard, Dept. 408  
Bismarck, ND 58505-0480

Enclosed please find (an original and one copy) the following documents that according to Section 54,304(d)(1) and 51.917(d)(vii) of the FCC rules that we need to file document (certifications and data supporting their CAF, ICC, and ARC filings) with the state commission.

1. Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data.
2. Certification of Officer to Authorize an Agent to File Rate Floor Date on Behalf of Reporting Carrier.
3. Certification of Officer as to the Accuracy of the CAF ICC Data Reported.
4. Certification of Officer for Rate-of-Return Carrier not seeking Duplicative Recovery.
5. Certification of Officer for Rate-of Return Carrier Eligibility for CAF/ICC Recovery.
6. Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier.
7. Connect America Fund data.

This information has also been filed electronically.

Should you have any questions please feel free to contact me.

Sincerely,



Perry Oster  
General Manager/CEO

Enclosures

1 **PU-12-488** Filed: 6/29/2012 Pages: 10  
Copy of FCC 47CFR Section 54.304 CAF ICC Annual  
Support Data

Turtle Mountain Communications, Inc.



[www.utma.com](http://www.utma.com)  
[customerservice@utma.com](mailto:customerservice@utma.com)


701.256.5156  
800.844.9708

411 7th Avenue, P.O. Box 729  
Langdon, ND 58249



Rate Floor Data

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

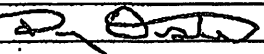

<p><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer 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>UNITED TELEPHONE MUTUAL AID CORP/TURTLE MOUNTAIN COMMUNICATIONS</u>			
Signature of authorized officer 			Date <u>6/13/12</u>
Printed name of authorized officer <u>PERRY OSTER</u>			
Title or position of authorized officer <u>GENERAL MANAGER</u>			
Telephone number of authorized officer: <u>701, 256 5156 102</u>			
Study Area Code of Reporting Carrier	<u>381636</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				UNITED TELEPHONE MUTUAL AID CORP/TURTLE MOUNTAIN COMMUNICATIONS					
Signature of authorized officer						Date		6/13/12	
Printed name of authorized officer				PERRY OSTER					
Title or position of authorized officer				GENERAL MANAGER					
Telephone number of authorized officer:				701, 256 5156 102					
Study Area Code of Reporting Carrier		381636		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.									

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: UNITED TEL MUTUAL

**Perry Oster**

Digitally signed by Perry Oster DN:cn=Perry Oster, email=poster@utma.com, O=united tel mutual, l=Langdon ND 58249-0729, Date:5/23/2012

Date: 5/23/2012

Signature of Authorized Officer:

Printed name of Authorized Officer: Perry Oster

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 701-256-5156

Study Area Code of Reporting Carrier

381636

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 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: UNITED TEL MUTUAL

Signature of Authorized Officer or employee: **Perry Oster**

Digitally signed by Perry Oster DN:cn=Perry Oster, email=poster@utma.com, O=united tel mutual, l=Langdon ND 58249-0729, Date: 5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Perry Oster

Title or position of Authorized Officer or employee: General Manager/CEO

Telephone number of Authorized Officer or employee: 701-256-5156

Study Area Code of Reporting Carrier	381636		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: UNITED TEL MUTUAL

Signature of Authorized Officer or employee:

**Perry Oster**

Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,=Langdon ND 58249-0729, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Perry Oster

Title or position of Authorized Officer or employee: General Manager/CEO

Telephone number of Authorized Officer or employee: 701-256-5156

Study Area Code of Reporting Carrier

381636

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 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					
<p>I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.</p>					
Name of Authorized Agent : National Exchange Carriers Association, Inc.					
Name of Reporting Carrier: UNITED TEL MUTUAL					
Signature of Authorized Officer: <b>Perry Oster</b>				Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,=Langdon ND 58249-0729, Date:5/23/2012 Date: 5/23/2012	
Printed name of Authorized Officer: Perry Oster					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of authorized officer: 701-256-5156					
Study Area Code of Reporting Carrier	381636		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.					





SI 812010000	SI 812010000	000													SI 812010000
REPAIRS COMPENSATION ADJUSTMENTS															
	(070)														
	(10)	(11)-(17)-(18)	(12)	(13)	(14)	(15)	(16)	(17)-(18)-(19)-(20)-(21)-(22)-(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)-(31)-(32)
Net Transitional Reciprocal Compensation (Reserved for Future Use)	Total CCC Revenue	TRC Increment	Regulatory Fees Increment	NANFA Increment	State Terminating Access Support Revenue	State State Local Switching Support for Price Cap Allotment	State State Local Switching Support for Price Cap Allotment	President's ANC Annual Revenues	Single Line Business ANC Annual Revenues	Multi-Line Business ANC Annual Revenues	TOTAL ARCADIAN REVENUES	REC REPLACEMENT CONNECT AMERICA FUNDING SUPPORT			
	\$ 0.00	\$ 222,329.00	\$ 423	\$ 1492	\$ 0	\$ 0	\$ 0	\$ 221,900.00	\$ 4,318.00	\$ 26.00	\$ 226,224.00	\$ 13,276.00	\$ 239,499.00	\$ 13,276.00	\$ 252,775.00