

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: NORTHWEST COMM COOP

Signature of Authorized Officer: Mike Steffan

Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,l=Ray ND 58849-0038, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer: Mike Steffan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 701-568-3331

Study Area Code of Reporting Carrier

381625

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.

**RECEIVED**

JUN 29 2012

**PUBLIC SERVICE COMMISSION**

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: NORTHWEST COMM COOP

Signature of Authorized Officer or employee: **Mike Steffan**

Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,l=Ray ND 58849-0038, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Mike Steffan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 701-568-3331

Study Area Code of Reporting Carrier	381625		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 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: NORTHWEST COMM COOP

Signature of Authorized Officer or employee: **Mike Steffan**

Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,I=Ray ND 58849-0038, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer or employee: Mike Steffan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 701-568-3331

Study Area Code of Reporting Carrier	381625		Filing Due Date for this form (mm/dd/yyyy)	6/18/2012	
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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: NORTHWEST COMM COOP

Signature of Authorized Officer: Mike Steffan

Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,I=Ray ND 58849-0038, Date:5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer: Mike Steffan

Title or position of Authorized Officer: CFO

Telephone number of authorized officer: 701-568-3331

Study Area Code of Reporting Carrier

381625

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.

Rate Floor Template

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data					
I certify that I am an officer or employee 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 Northwest Communications Cooperative					
Signature of authorized officer or employee <i>Mike Steffan, CPA</i>				Date 6-2-2012	
Printed name of authorized officer or employee Mike Steffan, CPA					
Title or position of authorized officer or employee Chief Financial Officer					
Telephone number of authorized officer or employee: (701) 568-3331, ext.					
Study Area Code of Reporting Carrier	381625		Filing Due Date for this form (mm/dd/yyyy)	7/1/2012	

Rate Floor Data

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

<p align="center"><b>Certification of Officer or Employee 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 or employee 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>Northwest Communications Cooperative</u>				
Signature of authorized officer or employee <u>Mike Steffan, CPA</u>				Date <u>6/4/2012</u>
Printed name of authorized officer or employee <u>Mike Steffan, CPA</u>				
Title or position of authorized officer or employee <u>Chief Financial Officer</u>				
Telephone number of authorized officer or employee: <u>(701) 568-3331</u> ext.				
Study Area Code of Reporting Carrier	<u>381625</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>

**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: **Ryan Denzel**  
 (45) Contact Telephone Number: **551-452-2660 Ext.**  
 (49) Contact EMail: Email of the person identified in Data Line (040) **rdenzel@isitel.com**

Submission Type (Check one): **Original Projection**

				Rule Order	51.917(c)(1)(ii) para 892	51.917(c)(1)(i) para 892	51.917(c)(1)(iii) para 892	
					<b>RATE-OF-RETURN (ROW) CARRIER</b>			
				(010)	(015)	(050)	(054)	(058)
					(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	
N/A	N/A	381625	NORTHWEST COMM COOP	Y	\$ 690874.74	\$ 246696	\$ 97239.00	

calc	51.917(b)(2) para 894	calc	51.917(d)(1)(i)(2) para 898	51.917(d)(1)(i)(1) para 898	51.917(d)(1)(i)(3)
REVENUE REQUIREMENT			REVENUES FROM REFORMED INTERCARRIER COMPENSATION (ICC) RATES		
(4)=(1)+(2)+(3)	(060) (5)	(6)=(4)*(5)	(070) (7)	(074) (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
\$ 1034809.74	95%	\$ 983069.00	\$ 775883.00	\$ 186660.00	\$ 0.00

51.917(d)(1)(iii)(4)	calc						calc
<b>Eligible Recovery</b>							
(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
	\$ 962543.00	\$ 466	\$ 32	\$ 0	\$ 0	\$ 0.00	\$ 21023.00

calc	calc	calc	calc	51.917(f)(2)
			para 899	
<b>REVENUES FROM ACCESS RECOVERY CHARGES</b>				
(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 FUND (CAF) SUPPORT
\$9,381.00	\$963.00	\$10,674.00	\$21,018.00	\$0.00

