



More Than a Telephone Company!

211 22nd St NW, PO Box 180
Devils Lake, ND 58301-0180
701-662-1100 or 1-800-880-4213
Fax 701-662-6446
www.goNDTC.com



June 17, 2013

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

Darrell,

In order to comply with Sections 54.304(d)(1) and 51.917(d)(vii) of the FCC rules, North Dakota Telephone Company is submitting the enclosed certifications and data supporting North Dakota Telephone Company's CAF, ICC and ARC filings for your records.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Shawna Senger". The signature is fluid and cursive.

Shawna Senger
Chief Financial Officer

Enclosures

1 **PU-13-368** Filed: 6/18/2013 Pages: 14
Copy of FCC 47CFR Section 54.304 CAF ICC Annual
Support Data

North Dakota Telephone Company

Shawna Senger

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: NORTH DAKOTA TEL CO				
Signature of Authorized Officer: Shawna Senger		Digitally signed by Shawna Senger DN:cn=Shawna Senger, email=shawnas@ndtel.com, o=north dakota tel co, c=Devils Lake ND 58301, Date:5/22/2013		Date: 5/22/2013
Printed name of Authorized Officer: Shawna Senger				
Title or position of Authorized Officer: Chief Financial Officer				
Telephone number of Authorized Officer: 701-662-6428				
Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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: NORTH DAKOTA TEL CO					
Signature of Authorized Officer: Shawna Senger				<small>Digitally signed by Shawna Senger DN cn=Shawna Senger, email=shawnas@ndtel.com, O=north dakota tel co, l=Devils Lake ND 58301, Date: 5/22/2013</small>	
Date: 5/22/2013					
Printed name of Authorized Officer: Shawna Senger					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of authorized officer: 701-662-6428					
Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<p>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.</p>					

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: NORTH DAKOTA TEL CO

Signature of Authorized Officer or employee:

Shawna Senger

Digitally signed by Shawna Senger DN:cn=Shawna Senger, email=shawna@ndtel.com, o=north dakota tel co, c=Devils Lake ND 58301, Date: 5/22/2013

Date: 5/22/2013

Printed name of Authorized Officer or employee: Shawna Senger

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 701-662-6428

Study Area Code of Reporting Carrier

381447

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

6/17/2013

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: NORTH DAKOTA TEL CO

Shawna Senger

Digitally signed by Shawna Senger DN:cn=Shawna Senger, email=shawnas@ndtel.com, O=north dakota tel co, l=Devils Lake ND 58301, Date:5/22/2013

Signature of Authorized Officer or employee:

Date: 5/22/2013

Printed name of Authorized Officer or employee: Shawna Senger

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 701-662-6428

Study Area Code of Reporting Carrier

381447

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

6/17/2013

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.



2013 CAF ICC Data Collection Update

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Study Area: NORTH DAKOTA TEL CO (ID: 381447)

Access Recovery Charge - Output

Recalculate ARC Rates & CAF Support revenues

Study Area ID	Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SLB ARC	SLB ARC Revenue	MLB ARC	MLB ARC Revenue	Total ARC Revenue
381447	Balta	92	\$ 1.00	\$ 1104.00					
381447	Cando	427	\$ 1.00	\$ 5124.00					
381447	Cando / Residential Centrex	1	\$ 1.00	\$ 12.00					
381447	Crary	150	\$ 1.00	\$ 1800.00					
381447	Devils Lake	1830	\$ 1.00	\$ 21960.00					
381447	Devils Lake / Residential Centrex	4	\$ 1.00	\$ 48.00					
381447	Drake	385	\$ 1.00	\$ 4620.00					
381447	Esmond	141	\$ 1.00	\$ 1692.00					
381447	Fessenden	284	\$ 1.00	\$ 3408.00					
381447	Fort Totten	220	\$ 1.00	\$ 2640.00					
381447	Hampden	45	\$ 1.00	\$ 540.00					
381447	Harvey	684	\$ 1.00	\$ 8208.00					
381447	Knox	143	\$ 1.00	\$ 1716.00					
381447	Leeds	296	\$ 1.00	\$ 3552.00					
381447	Maddock	285	\$ 1.00	\$ 3420.00					
381447	McVile	248	\$ 1.00	\$ 2976.00					
381447	Minnewaukan	124	\$ 1.00	\$ 1488.00					
381447	New Rockford	425	\$ 1.00	\$ 5100.00					
381447	Oberon	53	\$ 1.00	\$ 636.00					
381447	Pekin	67	\$ 1.00	\$ 804.00					

381447	Penn	60	\$	\$					
			1.00	720.00					
381447	Rugby	877	\$	\$					
			1.00	10524.00					
381447	Sheyenne	155	\$	\$					
			1.00	1860.00					
381447	Starkweather	101	\$	\$					
			1.00	1212.00					
381447	Tolna	190	\$	\$					
			1.00	2280.00					
381447	Tolna / Residential Centrex	1	\$	\$					
			1.00	12.00					
381447	Warwick	134	\$	\$					
			1.00	1608.00					
381447	Webster	81	\$	\$					
			1.00	972.00					
381447	Study Area Summary	7503	\$	\$	\$	\$	\$	\$	\$
				90036.00	1.00	6564.00	2.00	84720.00	181320.00

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2013 CAF ICC Data Collection Update

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Study Area: NORTH DAKOTA TEL CO (ID: 381447)

[View Printer-friendly report]

CONNECT AMERICA FUND

Data to be Provided to USAC/FCC for CAF ICC Purposes - Will Be Provided Concurrent with 2013 Annual Tariff Filing

Settlement Type: Cost

7/02/13-6/30/14 Test Period

Rate-of-Return (ROR) Carrier Revenue Requirement		
1	2011 Interstate Switched Access Revenue Requirement	\$1,757,811
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$835,503
3	FY 2011 Net Reciprocal Compensation Revenues	\$136,748
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$2,730,062
5	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)	0.9025
6	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$2,463,881
7	Pool Administration Expenses	\$52,304
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$2,516,185
Revenues from Reformed Intercarrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$1,516,335
10	Interstate Allocated Switched Access Revenues#	\$985,472
11	Transitional Intrastate Access Service Revenues	\$304,512
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$1,289,984
Eligible Recovery		
14	TRS Increment	\$1,715
15	Regulatory Fees Increment	\$99
16	NANPA Increment	\$0
17	Interstate Local Switching Support for Price Cap Affiliates	\$0
18	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16) - (Line 17)	\$1,228,015
Revenues from Access Recovery Charges (ARC)		
19	Residential ARC Revenues	\$90,036
20	Single Line Business ARC Revenues	\$6,564
21	Multi-Line Business ARC Revenues	\$84,720
22	Total ARC Revenues (Line 19 + Line 20 + Line 21)	\$181,320
Connect America Fund (CAF) ICC Support**		
23	Connect America Fund (CAF) ICC Support (Line 18 - Line 22)	\$1,046,695

NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) * (Line 1 / Sum of Line 1 for all TS pool participants)

**NECA estimate provided for informational purposes only - actual to be calculated by USAC.



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Study Area: NORTH DAKOTA TEL CO (ID: 381447)

Test Period 2013/2014

Study Area Lines for Test Period 2013/2014 - (July 1, 2013 - June 30, 2014)

Study Area ID	Test Year 2013-14 Residential Lines Excluding Life Lines	Test Year 2013-14 Single Line Business Lines	Test Year 2013-14 Multi-Line Business Lines
381447	7503	547	3530

[Records response entered/updated on the above part of the screen]

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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>North Dakota Telephone Company</u>			
Signature of authorized officer <u><i>Shawna Senger</i></u>			Date <u>6/14/13</u>
Printed name of authorized officer <u>Shawna Senger</u>			
Title or position of authorized officer <u>CFO</u>			
Telephone number of authorized officer: <u>(701) 662-1100</u> ext.			
Study Area Code of Reporting Carrier	<u>381447</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</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				North Dakota Telephone Company	
Signature of authorized officer			<i>Shawna Senger</i>		
Date			6/14/13		
Printed name of authorized officer				Shawna Senger	
Title or position of authorized officer				CFO	
Telephone number of authorized officer:				(701) 662-1100, ext.	
Study Area Code of Reporting Carrier		381447	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	381447
2	Carrier Study Area Name	alpha characters	NORTH DAKOTA TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002198
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Senger, Shawna M
6	Contact Telephone Number (include area code)	9 numeric digits	701-662-1100
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2 - Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	9.00	0.00	0.00	0.00	17
10	13.50	0.00	0.00	0.00	1



Local Rate Floor Data Collection

Logged in User: Ryan Denzel



Study Area: NORTH DAKOTA TEL CO (ID: 381447)

[Study Area List](#)

Study Area - Exchange Level Data for Local Rate Floor

[Data Entry](#) [History](#)

[Instructions](#)

[Agent HC RF Cert Form](#)

[Carrier HC RF Cert Form \(No Rates Less Than \\$14\)](#)

[Carrier HC RF Cert Form \(With Rates Less Than \\$14\)](#)

[Print Submitted Data in PDF format](#)

[Print Submitted Data in Excel format](#)

Data Collection Period:

Name:
 [First Middle Last]
 Phone: [999-999-9999]
 Email:

Enter all exchange/rate zone level rates and their corresponding lines below, where the sum of columns C-F is less than \$14. This data will be used to calculate the impact of the local rate floor on your company's High Cost Support.

(A) Exchange Name/Zone Name	(B) Class Of Service	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residential Lines excluding Lifelines
Balta	Vacation	9.00	0.00	0.00	0.00	9.00	1
Devils Lake	Vacation	9.00	0.00	0.00	0.00	9.00	3
Drake	Vacation	9.00	0.00	0.00	0.00	9.00	3
Harvey	Vacation	9.00	0.00	0.00	0.00	9.00	1
Knox	Vacation	9.00	0.00	0.00	0.00	9.00	1
Leeds	Vacation	9.00	0.00	0.00	0.00	9.00	1
Maddock	Vacation	9.00	0.00	0.00	0.00	9.00	2
Rugby	Vacation	9.00	0.00	0.00	0.00	9.00	3
Tolna	Vacation	9.00	0.00	0.00	0.00	9.00	2
Warwick	Seasonal	13.50	0.00	0.00	0.00	13.50	1

