



# 2013 CAF ICC Data Collection Update

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Study Area: INTER-COMMUNITY TEL (ID: 381616)  
Holding Company: LICT CORPORATION (ID: 200000046)

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### CONNECT AMERICA FUND

Data to be Provided to USAC/FCC for CAF ICC Purposes - Will Be Provided Concurrent with 2013 Annual Rate 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	\$494,272
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$235,180
3	FY 2011 Net Reciprocal Compensation Revenues	\$49,478
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$778,930
5	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)	0.9025
6	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$702,984
7	Pool Administration Expenses	\$14,542
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	<b>\$717,526</b>
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$140,836
10	Interstate Allocated Switched Access Revenues#	\$277,101
11	Transitional Intrastate Access Service Revenues	\$102,656
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	<b>\$379,757</b>
Eligible Recovery		
14	TRS Increment	\$518
15	Regulatory Fees Increment	\$35
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)	<b>\$338,322</b>
Revenues from Access Recovery Charges (ARC)		
19	Residential ARC Revenues	\$14,172
20	Single Line Business ARC Revenues	\$4,212
21	Multi-Line Business ARC Revenues	\$6,240
22	Total ARC Revenues (Line 19 + Line 20 + Line 21)	<b>\$24,624</b>
Connect America Fund (CAF) ICC Support**		
23	Connect America Fund (CAF) ICC Support (Line 18 - Line 22)	<b>\$313,698</b>

#### 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.

1 **PU-13-375** Filed: 6/18/2013 Pages: 10  
 Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data  
 Inter-Community Telephone Company, L.L.C.



## 2013 CAF ICC Data Collection Update

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Study Area: INTER-COMMUNITY TEL (ID: 381616)  
 Holding Company: LICT CORPORATION (ID: 20000046)

### 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
381616	Alice	36	1.00	432.00					
381616	Buffalo	142	1.00	1704.00					
381616	Dazey	86	1.00	1032.00					
381616	Hannaford	102	1.00	1224.00					
381616	Hope	168	1.00	2016.00					
381616	Nome/Fingal	105	1.00	1260.00					
381616	Page	203	1.00	2436.00					
381616	Sanborn	215	1.00	2580.00					
381616	Tower City	124	1.00	1488.00					
381616	<b>Study Area Summary</b>	1181		14172.00	1.00	4212.00	2.00	6240.00	24624.00



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Study Area: INTER-COMMUNITY TEL (ID: 381616)  
Holding Company: LICT CORPORATION (ID: 200000046)

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
381616	1181	351	260

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

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: INTER-COMMUNITY TEL					
Signature of Authorized Officer: <b>Keith Andersen</b>				Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,I=Nome ND 58062-0008, Date:5/28/2013	Date: 5/28/2013
Printed name of Authorized Officer: Keith Andersen					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of Authorized Officer: 701-924-8815					
Study Area Code of Reporting Carrier	381616		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					
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.					
Name of Authorized Agent : National Exchange Carriers Association, Inc.					
Name of Reporting Carrier: INTER-COMMUNITY TEL					
Signature of Authorized Officer: <b>Keith Andersen</b>				Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel, =Nome ND 58062-0008, Date:5/28/2013	
Date: 5/28/2013					
Printed name of Authorized Officer: Keith Andersen					
Title or position of Authorized Officer: Secretary/Treasurer					
Telephone number of authorized officer: 701-924-8815					
Study Area Code of Reporting Carrier	381616		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 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: INTER-COMMUNITY TEL

Signature of Authorized Officer or employee:

**Keith Andersen**

Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,l=Nome ND 58062-0008, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Keith Andersen

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 701-924-8815

Study Area Code of Reporting Carrier

381616

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: INTER-COMMUNITY TEL

Signature of Authorized Officer or employee: **Keith Andersen**

Digitally signed by Keith Andersen DN: cn=Keith Andersen, email=kander@ictc.com, O=inter-community tel, l=Nome ND 58062-0008, Date: 5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Keith Andersen

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 701-924-8815

Study Area Code of Reporting Carrier


381616

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.

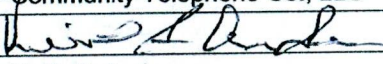
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b>			
<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>Inter-Community Telephone Co., LLC</u>			
Signature of authorized officer 			Date <u>06/10/2013</u>
Printed name of authorized officer <u>Keith S. Andersen</u>			
Title or position of authorized officer <u>Sec./Treas</u>			
Telephone number of authorized officer: <u>(701) 924-8815</u> ext.			
Study Area Code of Reporting Carrier	<u>381616</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

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				Inter-Community Telephone Co., LLC	
Signature of authorized officer			Date		
			06/10/2013		
Printed name of authorized officer					
Keith S. Andersen					
Title or position of authorized officer					
Sec./Treas.					
Telephone number of authorized officer: (701) 924-8815 ext.					
Study Area Code of Reporting Carrier		381616		Filing Due Date for this form (mm/dd/yyyy)	
				7/1/2013	
<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 2013 and has no monthly residential rates (plus charges as defined) less than \$14.					



# Local Rate Floor Data Collection

Logged in User: Patricia Hoyt



Study Area: INTER-COMMUNITY TEL (ID: 381616)

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## Study Area - Exchange Level Data for Local Rate Floor

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Data Collection Period:

- [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](#)

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+

[To enter additional rows of data, click on the + button.]

**If the data form is left blank, select one of the boxes below:**

- Check here if your company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013, but has no monthly residential rates (plus charges listed above) less than \$14 (**certification required**)
- Check here if your company is not projected to receive High Cost Loop Support or High Cost Model Support in 2013
- Check here if you plan to submit local rate floor data directly to USAC

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