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June 17, 2013

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



Via U.S. Mail and via e-mail to ndpsc@nd.gov

RE: CAF, ICC and ARC filings in accordance with Sections 54.304(d)(1) and 51.917(d)(vii) of the FCC Rules

Dear Mr. Nitschke,

Attached hereto are several documents being filed by Dickey Rural Telephone Cooperative (DRN) in accordance with Sections 54.304(d)(1) and 51.917(d)(vii) of the FCC Rules. The documents are being filed in hard copies and in electronic format. DRN is also seeking trade secret protection in association with this filing and is marking all documents it seeks to receive trade secret protection/confidentiality status for as "TRADE SECRET – PRIVATE."

The Documents sent herewith include the following:

1. Application for Protective Order and Trade Secret Protection of Dickey Rural Telephone Cooperative;
2. Certification of Officer as to the Accuracy of Data Reported for the Rate Floor Data;
3. Certificate of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier;
4. Certification of Officer as to the Accuracy of the CAF ICC Data Reported;
5. Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery;
6. Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery;
7. The CAF ICC report;
8. The Access Recovery Charge Output report, which has the ARC rates and revenue, as well as the residential lines at the exchange level; and
9. The Interstate Test Period Lines report, which has the SLB and MLB lines at the study area level.

The originals of these documents are being filed with the FCC but the copies sent herewith are true and accurate copies of those that were filed with the FCC.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

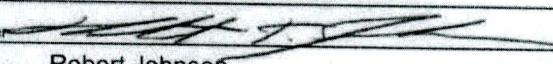
A handwritten signature in black ink, appearing to read 'Fallon Kelly', written over a horizontal line.

Fallon Kelly
General Counsel
Dickey Rural Telephone Cooperative

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				Dickey Rural Telephone Cooperative	
Signature of authorized officer					
Date			6-11-2013		
Printed name of authorized officer				Robert Johnson	
Title or position of authorized officer				General Manager/CEO	
Telephone number of authorized officer:				(701) 344-6010 ext.	
Study Area Code of Reporting Carrier		381611	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.				

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">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>Dickey Rural Telephone Cooperative</u>			
Signature of authorized officer 			Date <u>6-11-2013</u>
Printed name of authorized officer <u>Robert Johnson</u>			
Title or position of authorized officer <u>General Manager/CEO</u>			
Telephone number of authorized officer: <u>701-344-6010</u> ext. _____			
Study Area Code of Reporting Carrier	<u>381611</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

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 Carrier Association, Inc. (NECA) 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 are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Dickey Rural Telephone Cooperative

Signature of Authorized Officer 

Date 5/28/13

Printed name of Authorized Officer Robert K. Johnson

Title or position of Authorized Officer CEO/GM

Telephone number of Authorized Officer: (701) 344-6010 ext.

Study Area Code of Reporting Carrier

381611

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,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

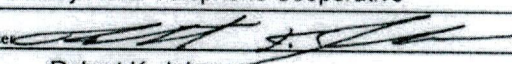
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Dickey Rural Telephone Cooperative	
Signature of Authorized Officer					
Printed name of Authorized Officer			Robert K. Johnson		
Date			5/28/13		
Title or position of Authorized Officer				CEO/GM	
Telephone number of Authorized Officer:				(701) 344-6010 ext.	
Study Area Code of Reporting Carrier		381611	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, this 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				Dickey Rural Telephone Cooperative	
Signature of authorized officer				Date	
Printed name of authorized officer		Robert K. Johnson		5/28/13	
Title or position of authorized officer		CEO/GM			
Telephone number of authorized officer:		(701) 344-6010 ext.			
Study Area Code of Reporting Carrier		381611	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				Dickey Rural Telephone Cooperative	
Signature of authorized officer				Date	
				5/28/13	
Printed name of authorized officer				Robert K. Johnson	
Title or position of authorized officer				CEO/GM	
Telephone number of authorized officer:				(701) 344-6010	
Study Area Code of Reporting Carrier		381611		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.					



Local Rate Floor Data Collection

Logged in User: Patricia Hoyt



Study Area: DICKEY RURAL COOP (ID: 381611)

[Study Area List](#)

Study Area - Exchange Level Data for Local Rate Floor

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

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

[Study Area List](#)

[Submit Response](#)