

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:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer: Mike Steffan

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 701-568-3331

Study Area Code of Reporting Carrier

381625

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

6/17/2013

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) 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,l=Ray ND 58849-0038, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer: Mike Steffan

Title or position of Authorized Officer: General Manager/CEO

Telephone number of authorized officer: 701-568-3331

Study Area Code of Reporting Carrier

381625

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

6/17/2013

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: 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,/=Ray ND 58849-0038, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Mike Steffan

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

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)

6/17/2013

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: 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:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Mike Steffan

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

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)

6/17/2013

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

[NECA Home](#) [NECA Data Collections](#) [Contact Us](#) [General Instructions](#) [Logout](#)

Logged in User: Patricia Hoyt



[Home](#) [Select Company](#) [Main Page](#) [Study Area Data Input Menu](#) ▶ [CAF & ARC Output](#) ▶ [Electronic Certifications](#) ▶

Study Area: NORTHWEST COMM COOP (ID: 381625)

[\[View Printer-friendly report\]](#)

### 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: Average Schedule

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

| Rate-of-Return (ROR) Carrier Revenue Requirement              |  |                  |
|---|--|------------------|
| 1   | 2011 Interstate Switched Access Revenue Requirement                              | \$671,789        |
| 2   | FY 2011 Intrastate Terminating Switched Access Revenues                          | \$251,428        |
| 3   | FY 2011 Net Reciprocal Compensation Revenues                                     | \$95,950         |
| 4   | 2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)                  | \$1,019,167      |
| 5   | ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)                             | 0.9025           |
| 6   | ROR Carrier Revenue Requirement (Line 4 * Line 5)                                | \$919,798        |
| 7   | Pool Administration Expenses   | \$18,341         |
| 8   | Total ROR Carrier Revenue Requirement (Line 6 + Line 7)                          | <b>\$938,140</b> |
| Revenues from Reformed Inter-carrier Compensation (ICC) Rates |  |                  |
| 9   | Interstate Switched Access Revenues  | \$825,430        |
| 10  | Interstate Allocated Switched Access Revenues#                                   | \$376,621        |
| 11  | Transitional Intrastate Access Service Revenues                                  | \$161,825        |
| 12  | Net Transitional Reciprocal Compensation Revenues                                | \$0              |
| 13  | Total ICC Revenue (Line 10 + Line 11 + Line 12)                                  | <b>\$538,446</b> |
| Eligible Recovery   |  |                  |
| 14  | TRS Increment  | \$0              |
| 15  | Regulatory Fees Increment  | \$0              |
| 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>\$399,694</b> |
| Revenues from Access Recovery Charges (ARC)                   |  |                  |
| 19  | Residential ARC Revenues   | \$39,240         |
| 20  | Single Line Business ARC Revenues  | \$4,320          |
| 21  | Multi-Line Business ARC Revenues   | \$45,600         |
| 22  | Total ARC Revenues (Line 19 + Line 20 + Line 21)                                 | <b>\$89,160</b>  |
| Connect America Fund (CAF) ICC Support**                      |  |                  |
| 23  | <b>Connect America Fund (CAF) ICC Support (Line 18 - Line 22)</b>                | <b>\$310,534</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.



## 2013 CAF ICC Data Collection Update

[NECA Home](#) [NECA Data Collections](#) [Contact Us](#) [General Instructions](#) [Logout](#)

Logged in User: Ryan Denzel



[Home](#) [Select Company](#) [Main Page](#) [Study Area Data Input Menu](#) ▶ [CAF & ARC Output](#) ▶ [Electronic Certifications](#) ▶

Study Area: NORTHWEST COMM COOP (ID: 381625)

### 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 |
|---------------|---------------------------|---------------------------------------|-----------------|-------------------------|---------|-----------------|---------|-----------------|-------------------|
| 381625        | ALAMO                     | 90                                    | \$ 1.00         | \$ 1080.00              |         |                 |         |                 |                   |
| 381625        | BOWBELLS                  | 230                                   | \$ 1.00         | \$ 2760.00              |         |                 |         |                 |                   |
| 381625        | COLUMBUS                  | 135                                   | \$ 1.00         | \$ 1620.00              |         |                 |         |                 |                   |
| 381625        | CROSBY                    | 570                                   | \$ 1.00         | \$ 6840.00              |         |                 |         |                 |                   |
| 381625        | EPPING                    | 220                                   | \$ 0.00         | \$ 0.00                 |         |                 |         |                 |                   |
| 381625        | FLAXTON                   | 55                                    | \$ 1.00         | \$ 660.00               |         |                 |         |                 |                   |
| 381625        | GRENORA                   | 220                                   | \$ 1.00         | \$ 2640.00              |         |                 |         |                 |                   |
| 381625        | LIGNITE                   | 125                                   | \$ 1.00         | \$ 1500.00              |         |                 |         |                 |                   |
| 381625        | MARMON                    | 110                                   | \$ 0.00         | \$ 0.00                 |         |                 |         |                 |                   |
| 381625        | MCGREGOR                  | 70                                    | \$ 1.00         | \$ 840.00               |         |                 |         |                 |                   |
| 381625        | NOONAN                    | 125                                   | \$ 1.00         | \$ 1500.00              |         |                 |         |                 |                   |
| 381625        | POWERS LAKE               | 310                                   | \$ 1.00         | \$ 3720.00              |         |                 |         |                 |                   |
| 381625        | RAY                       | 420                                   | \$ 1.00         | \$ 5040.00              |         |                 |         |                 |                   |
| 381625        | ROUND PRAIRIE             | 150                                   | \$ 0.00         | \$ 0.00                 |         |                 |         |                 |                   |
| 381625        | TIOGA                     | 780                                   | \$ 1.00         | \$ 9360.00              |         |                 |         |                 |                   |
| 381625        | WILDROSE                  | 140                                   | \$ 1.00         | \$ 1680.00              |         |                 |         |                 |                   |
| 381625        | <b>Study Area Summary</b> | 3750                                  | \$              | \$ 39240.00             | \$ 1.00 | \$ 4320.00      | \$ 2.00 | \$ 45600.00     | \$ 89160.00       |



# Local Rate Floor Data Collection

Logged in User: Patricia Hoyt



Study Area: NORTHWEST COMM COOP (ID: 381625)

[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)<br>Exchange<br>Name/Zone<br>Name | (B)<br>Class Of<br>Service | (C)<br>Residential<br>Local<br>Service<br>Charge | (D)<br>State<br>Subscriber<br>Line<br>Charge | (E)<br>State<br>Universal<br>Service<br>Fee | (F)<br>Mandatory<br>Extended<br>Area<br>Service<br>Charge | (G)<br>Rate<br>Total<br>Subject<br>to Floor<br>(Sum of<br>C-F) | (H)<br>Residential<br>Lines<br>excluding<br>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"/>                                  | <input style="float: right;" type="button" value="+"/> |

[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](#)

Rate Floor Data

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

| Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier  |               |  |                 |                      |
|--|---------------|--|-----------------|----------------------|
| <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>Northwest Communications Cooperative</u>  |               |  |                 |                      |
| Signature of authorized officer <u>Mike Steffan</u>  |               |  |                 | Date <u>6/7/2013</u> |
| Printed name of authorized officer <u>Mike Steffan</u>   |               |  |                 |                      |
| Title or position of authorized officer <u>Assistant Secretary-Treasurer and General Manager/CEO</u>   |               |  |                 |                      |
| Telephone number of authorized officer: <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>7/1/2013</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 Northwest Communications Cooperative

Signature of authorized officer *Mike Steffan* Date 6/7/2013

Printed name of authorized officer Mike Steffan

Title or position of authorized officer Assistant Secretary-Treasurer and General Manager/CEO

Telephone number of authorized officer: (701) 568-3331, ext.

|                                      |        |  |          |
|--------------------------------------|--------|--|----------|
| Study Area Code of Reporting Carrier | 381625 | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2013 |
|--------------------------------------|--------|--|----------|

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.