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RYAN D. SANDBERG  
MATTHEW H. OLSON  
STEVEN A. LAUTT

ATTORNEYS LICENSED IN  
NORTH DAKOTA  
MINNESOTA  
MONTANA

July 1, 2013

North Dakota Public Service Commission  
ATTN: Mr. Darrell Nitschke  
600 East Boulevard Avenue, Department 408  
Bismarck, ND 58505-0480

**RE: 2013 CAF ICC Data Collection Update**

Dear Mr. Nitschke:

We hereby submit the enclosed 2013 CAF ICC Data Collection to the North Dakota Public Service Commission on behalf of the telecommunications companies shown on Attachment A.

If you have any questions regarding the same, please do not hesitate to contact me.

Very truly yours,



David J. Hogue

DJH/rps

Enclosures



LAW OFFICES OF  
**PRINGLE & HERIGSTAD, P.C.**

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(701) 775-9000

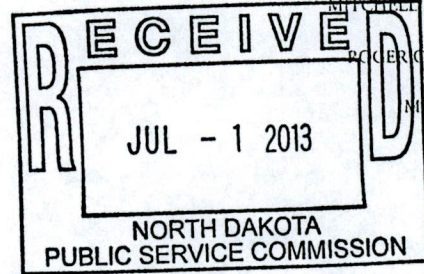
OF COUNSEL  
HERBERT L. MESCHKE  
DONALD A. NEGAARD  
RETIRED  
THOMAS A. WENTZ  
JAN M. SEBBY

KENNETH G. PRINGLE  
(1914-1983)

MITCHELL H. MAHONEY  
(1929-1996)

ROBERT D. HERIGSTAD  
(1919-2003)

MARK F. PURDY  
(1927-2011)



**ATTACHMENT A**

Polar Communications Mutual Aid Corporation – 381630  
Polar Communications Mutual Aid Corporation – 381614  
Wolverton Telephone Corporation- 381509



## 2013 CAF ICC Data Collection Update

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Study Area: WOLVERTON TEL CO (ID: 361512)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

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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 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	\$48,635
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$3,550
3	FY 2011 Net Reciprocal Compensation Revenues	\$1,464
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$53,649
5	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)	0.9025
6	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$48,418
7	Pool Administration Expenses	\$1,092
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$49,511
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$16,855
10	Interstate Allocated Switched Access Revenues#	\$27,266
11	Transitional Intrastate Access Service Revenues	\$3,259
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$30,525
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)	\$18,986
Revenues from Access Recovery Charges (ARC)		
19	Residential ARC Revenues	\$1,212
20	Single Line Business ARC Revenues	\$60
21	Multi-Line Business ARC Revenues	\$360
22	Total ARC Revenues (Line 19 + Line 20 + Line 21)	\$1,632
Connect America Fund (CAF) ICC Support**		
23	Connect America Fund (CAF) ICC Support (Line 18 - Line 22)	\$17,354

#### 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: WOLVERTON TEL CO (ID: 361512)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

#### 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
361512	103	5	15

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Study Area: WOLVERTON TEL CO (ID: 381509)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 200000267)

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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 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	\$71,571
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$9,800
3	FY 2011 Net Reciprocal Compensation Revenues	\$2,955
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$84,326
5	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)	0.9025
6	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$76,104
7	Pool Administration Expenses	\$1,632
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$77,736
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$22,960
10	Interstate Allocated Switched Access Revenues#	\$40,124
11	Transitional Intrastate Access Service Revenues	\$8,642
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$48,767
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)	\$28,969
Revenues from Access Recovery Charges (ARC)		
19	Residential ARC Revenues	\$1,937
20	Single Line Business ARC Revenues	\$168
21	Multi-Line Business ARC Revenues	\$192
22	Total ARC Revenues (Line 19 + Line 20 + Line 21)	\$2,297
Connect America Fund (CAF) ICC Support**		
23	Connect America Fund (CAF) ICC Support (Line 18 - Line 22)	\$26,672

#### 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: WOLVERTON TEL CO (ID: 381509)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 200000267)

#### 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
381509	223	14	8

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Study Area: POLAR COMM MUT AID-A (ID: 381614)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 200000267)

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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 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	\$315,086
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$177,989
3	FY 2011 Net Reciprocal Compensation Revenues	\$20,956
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$514,031
5	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)	0.9025
6	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$463,913
7	Pool Administration Expenses	\$9,925
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$473,838
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$294,324
10	Interstate Allocated Switched Access Revenues#	\$176,645
11	Transitional Intrastate Access Service Revenues	\$53,845
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$230,490
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)	\$243,348
Revenues from Access Recovery Charges (ARC)		
19	Residential ARC Revenues	\$12,168
20	Single Line Business ARC Revenues	\$2,076
21	Multi-Line Business ARC Revenues	\$12,120
22	Total ARC Revenues (Line 19 + Line 20 + Line 21)	\$26,364
Connect America Fund (CAF) ICC Support**		
23	Connect America Fund (CAF) ICC Support (Line 18 - Line 22)	\$216,984

**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: POLAR COMM MUT AID-A (ID: 381614)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 200000267)

#### 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
381614	1066	173	505

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Study Area: POLAR COMM MUT AID (ID: 381630)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 200000267)

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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 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	\$1,462,354
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$503,148
3	FY 2011 Net Reciprocal Compensation Revenues	\$75,747
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$2,041,249
5	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)	0.9025
6	ROR Carrier Revenue Requirement (Line 4 * Line 5)	\$1,842,227
7	Pool Administration Expenses	\$36,518
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$1,878,745
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$846,926
10	Interstate Allocated Switched Access Revenues#	\$819,832
11	Transitional Intrastate Access Service Revenues	\$332,812
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$1,152,643
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)	\$726,102
Revenues from Access Recovery Charges (ARC)		
19	Residential ARC Revenues	\$46,500
20	Single Line Business ARC Revenues	\$10,536
21	Multi-Line Business ARC Revenues	\$32,784
22	Total ARC Revenues (Line 19 + Line 20 + Line 21)	\$89,820
Connect America Fund (CAF) ICC Support**		
23	Connect America Fund (CAF) ICC Support (Line 18 - Line 22)	\$636,282

#### 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: POLAR COMM MUT AID (ID: 381630)  
Holding Company: POLAR COMM. MUTUAL AID (ID: 200000267)

#### 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
381630	⇒ 4072	878	1366

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Study Area: POLAR COMM MUT AID-A (ID: 381614)  
 Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

Access Recovery Charge - Output

Recalculate ARC Rates & CAF Support revenues

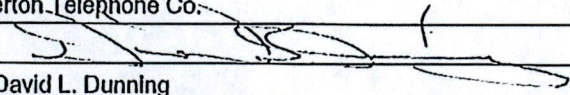
Study Area ID	Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SUB ARC	SUB ARC Revenue	MLB ARC	MLB ARC Revenue	Total ARC Revenue
361512	Wolverton	101	1.00	1212.00					
361512	<b>Study Area Summary</b>	101		1212.00	1.00	60.00	2.00	360.00	1632.00
381509	Christine	115	1.00	1380.00					
381509	Walcott	101	0.46	557.52					
381509	<b>Study Area Summary</b>	216		1937.52	1.00	168.00	2.00	192.00	2297.52
381614	Adams	89	1.00	1068.00					
381614	Edmore	113	1.00	1356.00					
381614	Fordville	107	1.00	1284.00					
381614	Gilby	118	1.00	1416.00					
381614	Lakota	338	1.00	4056.00					
381614	Pembina	220	1.00	2640.00					
381614	Saint Vincent	29	1.00	348.00					
381614	<b>Study Area Summary</b>	1014		12168.00	1.00	2076.00	2.00	12120.00	26364.00
381630	Aneta	131	1.00	1572.00					
381630	Arthur	147	1.00	1764.00					
381630	Brocket	75	1.00	900.00					
381630	Cavalier	862	1.00	10344.00					
381630	Crystal	107	1.00	1284.00					
381630	Dahlen	33	1.00	396.00					
381630	Drayton	238	1.00	2856.00					

381630	East Drayton	28	1.00	336.00					
381630	Edinburg	275	1.00	3300.00					
381630	Fairdale	34	1.00	408.00					
381630	Galesburg	106	1.00	1272.00					
381630	Hoople	152	1.00	1824.00					
381630	Hunter	125	1.00	1500.00					
381630	Inkster	55	1.00	660.00					
381630	Lankin	64	1.00	768.00					
381630	Michigan	137	1.00	1644.00					
381630	Neché	180	1.00	2160.00					
381630	Nekoma	37	1.00	444.00					
381630	Niagara	114	1.00	1368.00					
381630	Park River	714	1.00	8568.00					
381630	Petersburg	90	1.00	1080.00					
381630	Saint Thomas	171	1.00	2052.00					
381630	<b>Study Area Summary</b>	<b>3875</b>		<b>46500.00</b>	<b>1.00</b>	<b>10536.00</b>	<b>2.00</b>	<b>32784.00</b>	<b>89820.00</b>

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

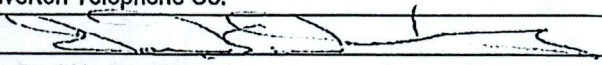
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier <b>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date	<b>5/22/2013</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> <small>Ext.</small>			
Study Area Code of Reporting Carrier	<b>361512</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
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**

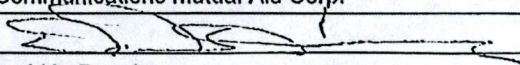
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier <b>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date	<b>5/22/2013</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> <small>Ext.</small>			
Study Area Code of Reporting Carrier	<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
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**

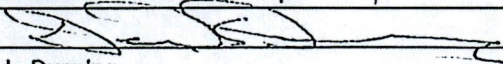
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier <b>Polar Communications Mutual Atd Corp.</b>			
Signature of authorized officer 		Date	<b>5/22/2013</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> <small>ext.</small>			
Study Area Code of Reporting Carrier	<b>381614</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/17/2013</b>
<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. §§ 602, 603(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 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).

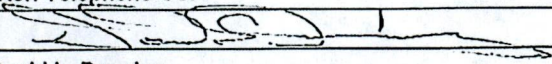
Name of Reporting Carrier <b>Polar Communications Mutual Aid Corp.</b>			
Signature of authorized officer 		Date	<b>5/22/2013</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(701) 284-7221 ext.</b>			
Study Area Code of Reporting Carrier	<b>381630</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
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. §§ 602, 603(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 **Wolverton Telephone Co.**

Signature of authorized officer 

Date

**5/22/2013**

Printed name of authorized officer **David L. Dunning**

Title or position of authorized officer **Executive Vice President**

Telephone number of authorized officer: **(701) 284-7221**

Study Area Code of Reporting Carrier

**361512**

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, 603(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 <b>Wolverton Telephone Co.</b>			
Signature of authorized officer 		Date	<b>5/22/2013</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> , ext.			
Study Area Code of Reporting Carrier	<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
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 **Polar Communications Mutual Aid Corp.**

Signature of authorized officer

Date

**5/22/2013**

Printed name of authorized officer **David L. Dunning**

Title or position of authorized officer **General Manager/CEO**

Telephone number of authorized officer: **(701) 284-7221**

Study Area Code of Reporting Carrier

**381614**

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

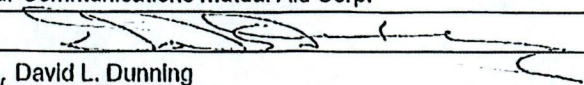
**6/17/2013**

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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 <b>Polar Communications Mutual Aid Corp.</b>			
Signature of authorized officer 		Date	<b>5/22/2013</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>General Manager/CEO</b>			
Telephone number of authorized officer: <b>(701) 284-7221</b> <small>ext.</small>			
Study Area Code of Reporting Carrier	<b>381630</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/17/2013</b>

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 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 Wolverton Telephone Co.

Signature of Authorized Officer 

Date 5/22/2013

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: (701) 284-7221 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

361512

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, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

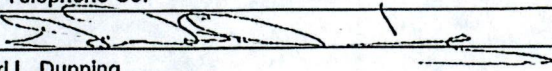
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) National Exchange 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 Wolverton Telephone Co.

Signature of Authorized Officer 

Date 5/22/2013

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: (701) 284-7221 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

381509

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

6/17/2013

Persons who make false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

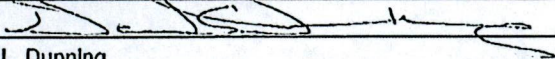
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) National Exchange 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 Polar Communications Mutual Aid Corp.

Signature of Authorized Officer  Date 5/22/2013

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (701) 284-7221 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier 381614 Filing Due Date for this form (mm/dd/yyyy) 6/17/2013

Persons who make false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

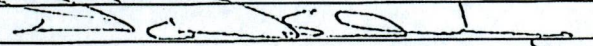
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) National Exchange 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 Polar Communications Mutual Aid Corp.

Signature of Authorized Officer  Date 5/22/2013

Printed name of Authorized Officer David L. Dunning

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer: (701) 284-7221 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier 381630 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 **Wolvorton Telephone Co.**

Signature of Authorized Officer

Date **5/22/2013**

Printed name of Authorized Officer **David L. Dunning**

Title or position of Authorized Officer **Executive Vice President**

Telephone number of Authorized Officer: **(701) 284-7221** ext.

Study Area Code of Reporting Carrier **361512**

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, 603(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 **Wolverton Telephone Co.**

Signature of Authorized Officer

Date **5/22/2013**

Printed name of Authorized Officer **David L. Dunning**

Title or position of Authorized Officer **Executive Vice President**

Telephone number of Authorized Officer: **(701) 284-7221** ext.

Study Area Code of Reporting Carrier

**381509**

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

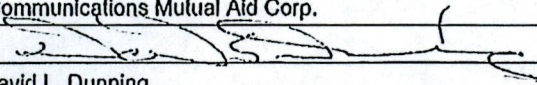
**6/17/2013**

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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.

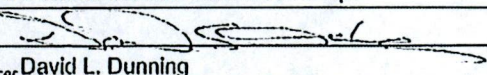
Name of Reporting Carrier <b>Polar Communications Mutual Aid Corp.</b>			
Signature of Authorized Officer 		Date <b>5/22/2013</b>	
Printed name of Authorized Officer <b>David L. Dunning</b>			
Title or position of Authorized Officer <b>General Manager/CEO</b>			
Telephone number of Authorized Officer: <b>(701) 284-7221 ext.</b>			
Study Area Code of Reporting Carrier	<b>381614</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
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 **Polar Communications Mutual Aid Corp.**

Signature of Authorized Officer 

Date **5/22/2013**

Printed name of Authorized Officer **David L. Dunning**

Title or position of Authorized Officer **General Manager/CEO**

Telephone number of Authorized Officer: **(701) 284-7221** ext.

Study Area Code of Reporting Carrier

**381630**

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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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	381614
2	Carrier Study Area Name	alpha characters	POLAR COMMUNICATIONS MUTUAL AID CORP (A)
3	Service Provider Identification Number	9 numeric digits	143002212
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Flanders, Shari
6	Contact Telephone Number (include area code)	9 numeric digits	701-284-4343
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	0.00	0.00	0.00	0.00	2

**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	381509
2	Carrier Study Area Name	alpha characters	WOLVERTON TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143002152
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Flanders, Shari
6	Contact Telephone Number (include area code)	9 numeric digits	701-284-4343
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	0.00	0.00	0.00	0.00	2

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	361512
2	Carrier Study Area Name	alpha characters	WOLVERTON TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002152
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Flanders, Shari
6	Contact Telephone Number (include area code)	9 numeric digits	701-284-4343
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	0.00	0.00	0.00	0.00	1

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	381630
2	Carrier Study Area Name	alpha characters	POLAR COMMUNICATIONS MUTUAL AID CORP
3	Service Provider Identification Number	9 numeric digits	143002212
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Flanders, Shari
6	Contact Telephone Number (include area code)	9 numeric digits	701-284-4343
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

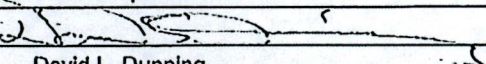
Block 2 - Residential Local Service Rates, Fees, and Line Counts

	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	0.00	0.00	0.00	0.00	21

Rate Floor Template

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

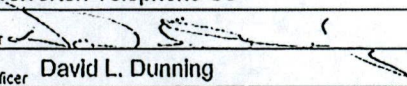
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Wolverton Telephone Co	
Signature of authorized officer					
Date			6/13/2013		
Printed name of authorized officer				David L. Dunning	
Title or position of authorized officer				Executive Vice President	
Telephone number of authorized officer:				(701) 284-7221, ext.	
Study Area Code of Reporting Carrier		361512	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	

Rate Floor Template

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

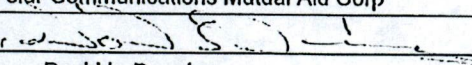
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Wolverton Telephone Co</b>			
Signature of authorized officer 			Date <b>6/13/13</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(701) 284-7221, ext.</b>			
Study Area Code of Reporting Carrier	<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>7/1/2013</b>

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 <b>Polar Communications Mutual Aid Corp</b>			
Signature of authorized officer 			Date <b>6/13/13</b>
Printed name of authorized officer <b>David L. Dunning</b>			
Title or position of authorized officer <b>GM/CEO</b>			
Telephone number of authorized officer: <b>(701) 284-7221, ext.</b>			
Study Area Code of Reporting Carrier	<b>381614</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>7/1/2013</b>

Rate Floor Template

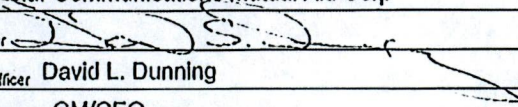
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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					Polar Communications Mutual Aid Corp								
Signature of authorized officer										Date		6/13/13	
Printed name of authorized officer				David L. Dunning									
Title or position of authorized officer				GM/CEO									
Telephone number of authorized officer:				(701) 284-7221, ext.									
Study Area Code of Reporting Carrier			381630			Filing Due Date for this form (mm/dd/yyyy)		7/1/2013					

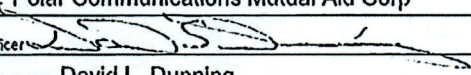
Rate Floor Data

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

<p><b>Certification of Officer 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 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>Polar Communications Mutual Aid Corp</u>			
Signature of authorized officer 			Date <u>6/13/13</u>
Printed name of authorized officer <u>David L. Dunning</u>			
Title or position of authorized officer <u>GM/CEO</u>			
Telephone number of authorized officer: <u>(701) 284-7221</u> ext. _____			
Study Area Code of Reporting Carrier	<u>381630</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

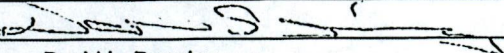
Rate Floor Data

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

<p><b>Certification of Officer 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 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>Polar Communications Mutual Aid Corp</u>			
Signature of authorized officer 			Date <u>6/13/13</u>
Printed name of authorized officer <u>David L. Dunning</u>			
Title or position of authorized officer <u>GM/CEO</u>			
Telephone number of authorized officer: <u>(701) 284-7221</u> ext. _____			
Study Area Code of Reporting Carrier	<u>381614</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

Rate Floor Data

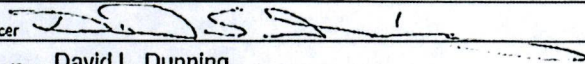
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p><b>Certification of Officer 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 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>Wolverton Telephone Co</u>			
Signature of authorized officer 			Date <u>6/13/13</u>
Printed name of authorized officer <u>David L. Dunning</u>			
Title or position of authorized officer <u>Executive Vice President</u>			
Telephone number of authorized officer: <u>(701) 284-7221</u> ext. _____			
Study Area Code of Reporting Carrier	<u>381509</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

CERTIFICATION-AGENT

Rate Floor Data

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

<p><b>Certification of Officer 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 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>Wolverton Telephone Co</u>			
Signature of authorized officer 			Date <u>6/13/13</u>
Printed name of authorized officer <u>David L. Dunning</u>			
Title or position of authorized officer <u>Executive Vice President</u>			
Telephone number of authorized officer: <u>(701) 284-7221</u> ext. _____			
Study Area Code of Reporting Carrier	<u>361512</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>