

# Mid-Rivers

TELEPHONE COOPERATIVE, INC.

P.O. Box 280 • 904 C Avenue  
Circle, Montana 59215  
(406) 485-3301 • Fax: (406) 485-2924  
800-452-2288 • www.midrivers.com

June 19, 2014

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



RE: Mid-Rivers Telephone Cooperative, Inc.  
2014 Local Rate Floor Data & Certifications as  
Required by 47 CFR §54.313 (h)

Commissioners:

Enclosed for filing is an original copy of Mid-Rivers Telephone Cooperative,  
Inc.'s. Local Rate Floor Data & Certifications as Required by 47 CFR §54.313(h).

Feel free to contact me if you have any questions.

Thank you,

Bill Wade  
General Manager

BW/as  
Enclosures

**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         | 482246                           |
| 2     | Carrier Study Area Name                         | alpha characters         | MID-RIVERS TEL. COOPERATIVE INC. |
| 3     | Service Provider Identification Number          | 9 numeric digits         | 143002535                        |
| 4     | Residential Local Service Charge Effective Date | mm/dd/yy                 | 07/01/14                         |
| 5     | Contact Name                                    | alpha characters         | Dyk, Craig                       |
| 6     | Contact Telephone Number (include area code)    | 9 numeric digits         | 406-485-3301                     |
| 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<br>Residential Local<br>Service Charge | Column 2<br>State Subscriber<br>Line Charge | Column 3<br>State Universal<br>Service Fee | Column 4<br>Mandatory<br>Extended Area<br>Service Charge | Column 5<br>Loops |
|---|---|---|--|--|-------------------|
| 9 | 14.00   |   |  |  | 7,069             |

Rate Floor Template

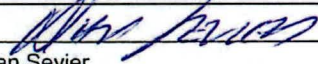
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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               |  |        |   | Mid-Rivers Telephone Cooperative, Inc. |  |
| Signature of authorized officer         |  |        |  |  |  |
| Date                                    |  |        | 6/17/14   |  |  |
| Printed name of authorized officer      |  |        |   | Alan Sevier                            |  |
| Title or position of authorized officer |  |        |   | President                              |  |
| Telephone number of authorized officer: |  |        |   | (406) 485-3301, ext.                   |  |
| Study Area Code of Reporting Carrier    |  | 482246 | Filing Due Date for this form<br>(mm/dd/yyyy)                                     | 07/01/2014                             |  |

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>Mid-Rivers Telephone Cooperative, Inc.</u>  |               |   |                     |
| Signature of authorized officer   |               |   | Date <u>6/17/14</u> |
| Printed name of authorized officer <u>Alan Sevier</u>  |               |   |                     |
| Title or position of authorized officer <u>President</u>   |               |   |                     |
| Telephone number of authorized officer: <u>(406) 485-3301</u> ext. _____   |               |   |                     |
| Study Area Code of Reporting Carrier   | <u>482246</u> | Filing Due Date for this form<br>(mm/dd/yyyy) | <u>07/01/2014</u>   |
|  |               |   |                     |