



P.O. Box 270 / 110 4th St. E. Park River, ND 58270 701.284.7221 www.thinkpolar.com



May 29, 2014

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

RE: 2014 CAF ICC Data Collection

Mr. Nitschke:

We hereby submit the enclosed 2014 CAF ICC Data Collection, Test Period Lines, Access Recovery Charges, and associated certifications on behalf of the following telecommunications companies:

Polar Communications Mutual Aid Corp-381630
Polar Communications Mutual Aid Corp-381614
Wolverton Telephone Company-381509

If you have any questions, please contact me at sflanders@polartel.com or 701-284-4343. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Sflanders".

Shari Flanders

Enclosures



X U Q W K W S D J H Q

Study Area: POLAR COMM MUT AID (ID: 381630)
Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/14-6/30/15 Post True-up (Filing) View

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 x 0.95 x 0.95)	0.8574
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	\$1,750,116
7	Pool Administration Expenses	\$36,473
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$1,786,589
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$584,616
10	Interstate Allocated Switched Access Revenues#	\$669,739
11	Transitional Intrastate Access Service Revenues	\$151,466
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$821,206
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	Adjustment for Double Recovery or Corrections	\$0
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery	(\$60,200)
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	\$905,183
Revenues from Access Recovery Charges (ARC)		
21	Residential ARC Revenues	\$69,750
22	Single Line Business ARC Revenues	\$15,804
23	Multi-Line Business ARC Revenues	\$49,176
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	\$134,730
Connect America Fund (CAF) ICC Support**		
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	\$770,453

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 2014/2015

Study Area Lines for Test Period 2014/2015 - (July 1, 2014 - June 30, 2015)

Study Area ID	Test Year 2014-15 Residential Lines Excluding Life Lines	Test Year 2014-15 Single Line Business Lines	Test Year 2014-15 Multi-Line Business Lines
381630	3875	878	1366

Data previously submitted on 4/15/2014 10:30:24 PM (Eastern Time)

Data submitted by NECA

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Study Area: POLAR COMM MUT AID (ID: 381630)

Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

Access Recovery Charges

[Recalculate ARC Rates & CAF Support revenues](#)

[Test Period 2014-2015 Pre-True-up View](#) [Test Period 2014-15 Post-True-Up \(Filing\) View](#)

Test Period 2014-2015 Post True-Up (Filing) View

Study Area ID	Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SLB ARC Revenue	MLB ARC Revenue	Total ARC Revenue
381630	Aneta	131	1.50	2358.00			
381630	Arthur	147	1.50	2646.00			
381630	Brocket	75	1.50	1350.00			
381630	Cavalier	862	1.50	15516.00			
381630	Crystal	107	1.50	1926.00			
381630	Dahlen	33	1.50	594.00			
381630	Drayton	238	1.50	4284.00			
381630	East Drayton	28	1.50	504.00			

381630	Edinburg	275	\$	1.50	\$	4950.00				
381630	Fairdale	34	\$	1.50	\$	612.00				
381630	Galesburg	106	\$	1.50	\$	1908.00				
381630	Hoople	152	\$	1.50	\$	2736.00				
381630	Hunter	125	\$	1.50	\$	2250.00				
381630	Inkster	55	\$	1.50	\$	990.00				
381630	Lankin	64	\$	1.50	\$	1152.00				
381630	Michigan	137	\$	1.50	\$	2466.00				
381630	Neché	180	\$	1.50	\$	3240.00				
381630	Nekoma	37	\$	1.50	\$	666.00				
381630	Niagara	114	\$	1.50	\$	2052.00				
381630	Park River	714	\$	1.50	\$	12852.00				
381630	Petersburg	90	\$	1.50	\$	1620.00				
381630	Saint Thomas	171	\$	1.50	\$	3078.00				
381630	Study Area Summary	3875	\$		\$	69750.00	\$	\$	\$	\$
				1.50		15804.00	3.00	49176.00	134730.00	



X U Q W K W S D J H E

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

CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Average Schedule

Test Period 7/1/14-6/30/15 Post True-up (Filing) View

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 x 0.95 x 0.95)	0.8574
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	\$440,717
7	Pool Administration Expenses	\$11,135
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$451,853

Revenues from Reformed Inter-carrier Compensation (ICC) Rates

9	Interstate Switched Access Revenues	\$272,754
10	Interstate Allocated Switched Access Revenues#	\$144,305
11	Transitional Intrastate Access Service Revenues	\$25,698
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$170,004

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	Adjustment for Double Recovery or Corrections	\$0
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery	\$56,296
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	\$338,145

Revenues from Access Recovery Charges (ARC)

21	Residential ARC Revenues	\$18,252
22	Single Line Business ARC Revenues	\$3,114
23	Multi-Line Business ARC Revenues	\$18,180
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	\$39,546

Connect America Fund (CAF) ICC Support**

25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	\$298,599
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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: 20000267)

Test Period 2014/2015

Study Area Lines for Test Period 2014/2015 - (July 1, 2014 - June 30, 2015)

Study Area ID	Test Year 2014-15 Residential Lines Excluding Life Lines	Test Year 2014-15 Single Line Business Lines	Test Year 2014-15 Multi-Line Business Lines
381614	1014	173	505

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Study Area: POLAR COMM MUT AID-A (ID: 381614)

Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

Access Recovery Charges

Recalculate ARC Rates & CAF Support revenues

[Test Period 2014-2015 Pre-True-up View](#) [Test Period 2014-15 Post-True-Up \(Filing\) View](#)

Test Period 2014-2015 Post True-Up (Filing) View

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
381614	Adams	89	\$ 1.50	\$ 1602.00					
381614	Edmore	113	\$ 1.50	\$ 2034.00					
381614	Fordville	107	\$ 1.50	\$ 1926.00					
381614	Gilby	118	\$ 1.50	\$ 2124.00					
381614	Lakota	338	\$ 1.50	\$ 6084.00					
381614	Pembina	220	\$ 1.50	\$ 3960.00					
381614	Saint Vincent	29	\$ 1.50	\$ 522.00					
381614	Study Area Summary	1014	\$	\$ 18252.00	\$ 1.50	\$ 3114.00	\$ 3.00	\$ 18180.00	\$ 39546.00



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Study Area: WOLVERTON TEL CO (ID: 381509)
Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

CONNECT AMERICA FUND

Data to be Provided to USAC/FCC in June 2014 for CAF ICC Purposes

Current Settlement Type: Average Schedule

Test Period 7/1/14-6/30/15 Post True-up (Filing) View

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 x 0.95 x 0.95)	0.8574
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	\$72,299
7	Pool Administration Expenses	\$1,436
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$73,735

Revenues from Reformed Inter-carrier Compensation (ICC) Rates

9	Interstate Switched Access Revenues	\$21,681
10	Interstate Allocated Switched Access Revenues#	\$32,779
11	Transitional Intrastate Access Service Revenues	\$7,089
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$39,867

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	Adjustment for Double Recovery or Corrections	\$0
19	Test Period 12/13 Trueup - Net Impact on Total Eligible Recovery	(\$4,746)
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	\$29,122

Revenues from Access Recovery Charges (ARC)

21	Residential ARC Revenues	\$2,628
22	Single Line Business ARC Revenues	\$252
23	Multi-Line Business ARC Revenues	\$288
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	\$3,168

Connect America Fund (CAF) ICC Support**

25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	\$25,954
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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 2014/2015

Study Area Lines for Test Period 2014/2015 - (July 1, 2014 - June 30, 2015)

Study Area ID	Test Year 2014-15 Residential Lines Excluding Life Lines	Test Year 2014-15 Single Line Business Lines	Test Year 2014-15 Multi-Line Business Lines
381509	216	14	8

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Study Area: WOLVERTON TEL CO (ID: 381509)

Holding Company: POLAR COMM. MUTUAL AID (ID: 20000267)

Access Recovery Charges

[Recalculate ARC Rates & CAF Support revenues](#)

[Test Period 2014-2015 Pre-True-up View](#) [Test Period 2014-15 Post-True-Up \(Filing\) View](#)

Test Period 2014-2015 Post True-Up (Filing) View

Study Area ID	Exchange/Zone Name	Residential Lines excluding Lifelines	Residential ARC	Residential ARC Revenue	SLB ARC Revenue	MLB ARC Revenue	Total ARC Revenue		
381509	Christine	115	\$ 1.50	\$ 2070.00					
381509	Walcott	101	\$ 0.46	\$ 557.52					
381509	Study Area Summary	216	\$	\$ 2627.52	\$ 1.50	\$ 252.00	\$ 3.00	\$ 288.00	\$ 3167.52

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 **5/9/2014**

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.}

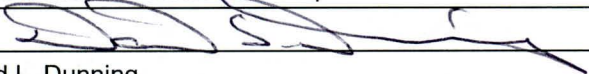
Study Area Code of Reporting Carrier	381630	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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

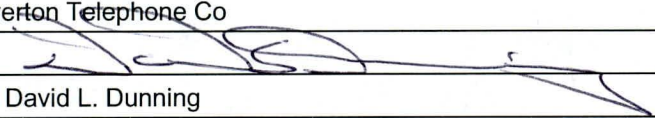
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Polar Communications Mutual Aid Corp	
Signature of authorized officer				Date	5/9/2014
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	381614	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
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				Wolverton Telephone Co		
Signature of authorized officer					Date	5/9/2014
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)	6/16/2014		
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				Polar Communications Mutual Aid Corp	
Signature of authorized officer				Date	5/9/2014
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)	6/16/2014		
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				Polar Communications Mutual Aid Corp	
Signature of authorized officer				Date	5/9/2014
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	381614	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
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

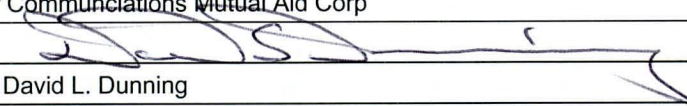
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Wolverton Telephone Co	
Signature of authorized officer			Date		5/9/2014
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)	6/16/2014	
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 Communciations Mutual Aid Corp	
Signature of Authorized Officer					
Date			5/9/2014		
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)	6/16/2014	
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 Communciations Mutual Aid Corp			
Signature of Authorized Officer 			Date 5/9/2014
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	381614	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
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 Wolverton Telephone Co			
Signature of Authorized Officer 		Date 5/9/2014	
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)	6/16/2014
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 Polar Communications Mutual Aid Corp

Signature of Authorized Officer



Date 5/9/2014

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)

6/16/2014

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 Polar Communications Mutual Aid Corp

Signature of Authorized Officer  Date 5/9/2014

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	<u>381614</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

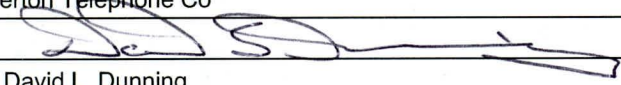
Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

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 5/9/2014

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)

6/16/2014

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.