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June 13, 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 Local Rate Data Collection 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

The CAF ICC Data Collection and intrastate TRP reports were sent in under separate cover.

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 "Shari Flanders". The signature is written in a cursive, flowing style.

Shari Flanders

Enclosures

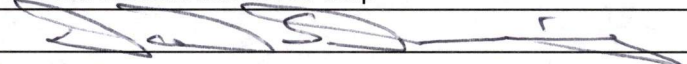
4 **PU-14-92** Filed: 6/13/2014 Pages: 10
Local Rate Data Collection and associated certifications

Wolverton Telephone Company

Shari Flanders

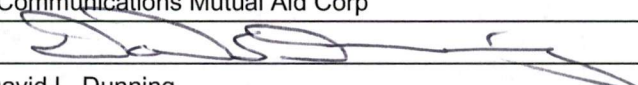
Rate Floor Data

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>Polar Communications Mutual Aid Corp</u>			
Signature of authorized officer 			Date <u>6/13/2014</u>
Printed name of authorized officer <u>David L. Dunning</u>			
Title or position of authorized officer <u>General Manager/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>07/01/2014</u>

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>Polar Communications Mutual Aid Corp</u>			
Signature of authorized officer 			Date <u>6/13/2014</u>
Printed name of authorized officer <u>David L. Dunning</u>			
Title or position of authorized officer <u>General Manager/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>07/01/2014</u>

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>Wolverton Telephone Co.</u>			
Signature of authorized officer 			Date <u>6/13/2014</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>07/01/2014</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 **Polar Communications Mutual Aid Corp**

Signature of authorized officer



Date **6/13/2014**

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)

07/01/2014

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 6/13/2014

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)

07/01/2014

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 **6/13/2014**

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)

07/01/2014

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	07/01/14
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	14.00	0.00	0.00	0.00	253
10	15.15	0.00	0.00	0.00	101
11	17.95	0.00	0.00	0.00	3,811

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	07/01/14
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	17.95	0.00	0.00	0.00	1,071

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	07/01/14
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	19.00	0.00	0.00	0.00	117