



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				Inter-Community Telephone Co., LLC	
Signature of authorized officer			<i>Keith Andersen</i>		Date
Printed name of authorized officer			Keith Andersen		
Title or position of authorized officer			Sec./Treas.		
Telephone number of authorized officer:			(701) 924-8815 ext.		
Study Area Code of Reporting Carrier	381616	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	381616
2	Carrier Study Area Name	alpha characters	INTER-COMMUNITY TELEPHONE COMPANY
3	Service Provider Identification Number	9 numeric digits	143002207
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/14
5	Contact Name	alpha characters	Wendel, Shannon G
6	Contact Telephone Number (include area code)	9 numeric digits	701-924-8815
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 Manditory Extended Area Service Charge	Column 5 Loops
9	14.30	0.00	0.00	0.00	143
10	14.71	0.00	0.00	0.00	128
11	16.25	0.00	0.00	0.00	111
12	16.50	0.00	0.00	0.00	322
13	16.50	0.00	0.00	0.50	149
14	16.58	0.00	0.00	0.00	181
15	20.17	0.00	0.00	0.00	68