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June 16, 2015



Mr. Darrell Nitschke  
Executive Secretary  
Public Utilities Division  
Public Service Commission  
600 East Boulevard Ave, Dept 408  
Bismarck, ND 58505-0480

Dear Mr. Nitschke

The attached non-docketed information is being submitted by West River Telecommunications Cooperative pursuant to F.C.C. Section 54.313.

Please note that confidential information will be provided under separate cover.

Please contact me if you have any further questions.

Sincerely,

Beverly Huber  
Accounting Manager

Enclosures

4 PU-15-28 Filed 06/16/2015 Pages: 5  
Form 481 - Copy of FCC 47CFR Sect. 54.313 Annual Report - redacted  
West River Telecommunications Cooperative

email: [WRT@westriv.com](mailto:WRT@westriv.com) • phone: 701.748.2211 • fax: 701.748.6800  
web: [www.westriv.com](http://www.westriv.com) • social: [www.facebook.com/myWRT](http://www.facebook.com/myWRT)  
mail: PO Box 467 (101 Main St W), Hazen, ND 58545

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>West River Telecommunications Cooperative</u>			
Signature of authorized officer <u>Bonnie Krause</u>			Date <u>06/11/2015</u>
Printed name of authorized officer <u>Bonnie Krause</u>			
Title or position of authorized officer <u>CEO/GM</u>			
Telephone number of authorized officer: <u>(701) 748-2211</u> ext. _____			
Study Area Code of Reporting Carrier	<u>381637</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2015</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				West River Telecommunications Cooperative	
Signature of authorized officer			<i>Bonnie Krause</i>		
Date			06/11/2015		
Printed name of authorized officer				Bonnie Krause	
Title or position of authorized officer				CEO/GM	
Telephone number of authorized officer: (701) 748-2211, ext.					
Study Area Code of Reporting Carrier		381637	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	

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	381637
2	Carrier Study Area Name	alpha characters	WEST RIVER TELECOMMUNICATIONS COOPERATIVE
3	Service Provider Identification Number	9 numeric digits	143002752
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/15
5	Contact Name	alpha characters	Huber, Beverly J
6	Contact Telephone Number (include area code)	9 numeric digits	701-748-2211
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

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

Redacted

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	Column 6 Exchange Name/Zone Name	Column 7 Class Of Service
9					Beulah	
10					Beulah	
11	16.45				Beulah	residential
12	16.45				Beulah	lifeline
13					Carson	
14	18.45				Carson	residential
15	16.45				Carson	lifeline
16					Center	
17	16.45				Center	residential
18	16.45				Center	lifeline
19					Elgin	
20	16.45				Elgin	residential
21	16.45				Elgin	lifeline
22					Flasher	
23	16.45				Flasher	residential
24	16.45				Flasher	lifeline
25					Fort Yates	
26	16.45				Fort Yates	residential
27	16.45				Fort Yates	lifeline
28					Glen Ullin	
29	16.45				Glen Ullin	residential
30	16.45				Glen Ullin	lifeline
31					Golden Valley	
32	16.45				Golden Valley	residential
33	16.45				Golden Valley	lifeline
34					Goodrich	
35	16.45				Goodrich	residential
36	16.45				Goodrich	lifeline
37					Hazen	
38					Hazen	
39	16.45				Hazen	residential
40	16.45				Hazen	lifeline
41	16.45				Hebron	residential
42	16.45				Hebron	lifeline
43					McClusky	

