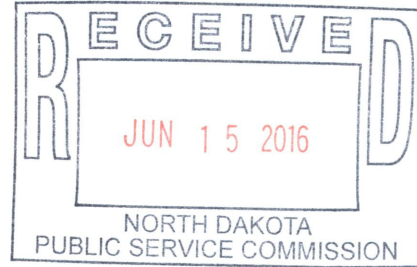




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June 15, 2016



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

lab

Enclosures

2 PU-16-63 Filed 06/15/2016 Pages: 5
Copy of FCC 47 CFR Sections 54.313 & 54.422 Local Rate Floor Data & Collection - redacted
West River Telecommunications Cooperative
Beverly Huber, Accounting Manager

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

Offices: Hazen & Beulah, ND • Mobridge, SD

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	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	07/01/16
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

9	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
10	16.45						RESIDENTIAL LIFELINE
11	16.45				BEULAH		RESIDENTIAL LIFELINE
12	16.45				BEULAH		RESIDENTIAL LIFELINE
13	16.45				CARSON		RESIDENTIAL LIFELINE
14	16.45				CARSON		RESIDENTIAL LIFELINE
15	16.45				CENTER		RESIDENTIAL LIFELINE
16	16.45				CENTER		RESIDENTIAL LIFELINE
17	16.45				ELGIN		RESIDENTIAL LIFELINE
18	16.45				ELGIN		RESIDENTIAL LIFELINE
19	16.45				ELGIN		RESIDENTIAL LIFELINE
20	16.45				FLASHER		RESIDENTIAL LIFELINE
21	16.45				FLASHER		RESIDENTIAL LIFELINE
22	16.45				FLASHER		RESIDENTIAL LIFELINE
23	16.45				FLASHER		RESIDENTIAL LIFELINE
24	16.45				FORT YATES		RESIDENTIAL LIFELINE
25	16.45				FORT YATES		RESIDENTIAL LIFELINE
26	16.45				FORT YATES		RESIDENTIAL LIFELINE
27	16.45				GLEN ULLIN		RESIDENTIAL LIFELINE
28	16.45				GLEN ULLIN		RESIDENTIAL LIFELINE
29	16.45				GLEN ULLIN		RESIDENTIAL LIFELINE
30	16.45				GOLDEN VALLEY		RESIDENTIAL LIFELINE
31	16.45				GOLDEN VALLEY		RESIDENTIAL LIFELINE
32	16.45				GOLDEN VALLEY		RESIDENTIAL LIFELINE
33	16.45				GODDRICH		RESIDENTIAL LIFELINE
34	16.45				GODDRICH		RESIDENTIAL LIFELINE
35	16.45				GODDRICH		RESIDENTIAL LIFELINE
36	16.45				HAZEN		RESIDENTIAL LIFELINE
37	16.45				HAZEN		RESIDENTIAL LIFELINE
38	16.45				HAZEN		RESIDENTIAL LIFELINE
39	16.45				HAZEN		RESIDENTIAL LIFELINE
40	16.45				HEBRON		RESIDENTIAL LIFELINE
41	16.45				HEBRON		RESIDENTIAL LIFELINE
42	16.45				MCCLUSKY		RESIDENTIAL LIFELINE

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	07/01/16
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

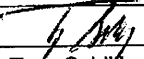
REDACTED

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
43	16.45				MCCLUSKY	RESIDENTIAL
44	16.45				MCLAUGHLIN	LIFELINE
45	16.45				MCLAUGHLIN	RESIDENTIAL
46	16.45				MERCER	RESIDENTIAL
47	16.45				MERCER	RESIDENTIAL
48	16.45				MERCER	RESIDENTIAL
49	16.45				NEW SALEM	RESIDENTIAL
50	16.45		4.00		NEW SALEM	LIFELINE
51	16.45		4.00		NEW SALEM	RESIDENTIAL
52	16.45				PICK CITY	RESIDENTIAL
53	16.45				PICK CITY	LIFELINE
54	16.45				PICK CITY	RESIDENTIAL
55	16.45				PICK CITY	LIFELINE
56	16.45				SELFRIDGE	RESIDENTIAL
57	16.45				SELFRIDGE	LIFELINE
58	16.45				ST ANTHONY	RESIDENTIAL
59	16.45				ST ANTHONY	LIFELINE
60	16.45				STANTON	RESIDENTIAL
61	16.45				STANTON	LIFELINE
62	16.45				STANTON	RESIDENTIAL
63	16.45				TURTLE LAKE	LIFELINE
64	16.45				TURTLE LAKE	RESIDENTIAL
65	16.45				TURTLE LAKE	LIFELINE
66	16.45				UNDERWOOD	RESIDENTIAL
67	16.45				UNDERWOOD	LIFELINE
68	16.45				UNDERWOOD	RESIDENTIAL
69	16.45				WASHBURN	LIFELINE
70	16.45				WASHBURN	RESIDENTIAL
71	16.45				WASHBURN	LIFELINE
72	16.45				ZAP	RESIDENTIAL
73	16.45				ZAP	LIFELINE
74	16.45				ZAP CENTER	RESIDENTIAL

Rate Floor Template

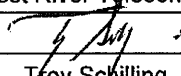
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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 		Date 06/13/2016	
Printed name of authorized officer Troy Schilling			
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)	07/01/2016

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>			
<p>Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u></p>			
<p>Name of Reporting Carrier <u>West River Telecommunications Cooperative</u></p>			
<p>Signature of authorized officer </p>			<p>Date <u>06-13-2016</u></p>
<p>Printed name of authorized officer <u>Troy Schilling</u></p>			
<p>Title or position of authorized officer <u>CEO/GM</u></p>			
<p>Telephone number of authorized officer: <u>(701) 748-2211</u> ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><u>381637</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>07/01/2016</u></p>