

**MOSS ADAMS** LLP  
Confidential | Accountants | Business Consultants

January 29, 2016

**VIA FED EX**

North Dakota Public Service Commission  
600 East Boulevard, Dept. 408  
Bismarck, ND 58505-0480

Re: Docket WC 14-171 Proceeding 11-42 - FCC Form 555  
Missouri Valley Communications / Nemont Telephone Coop. ND


Dear Commissioners,

Enclosed for filing in accordance with the FCC USF/ICC/Low Income Required Reporting, in the above - referenced proceeding, is the Certification for Missouri Valley Communications/Nemont Telephone Coop. ND (SAC 382247).

An electronic version of this filing was also submitted via email [ndpsc@nd.gov](mailto:ndpsc@nd.gov).

If you have any questions or concerns about this Certification, please contact me at 209.481.1682 or via email at [lorrie.bernstein@mossadams.com](mailto:lorrie.bernstein@mossadams.com).

Sincerely,



Lorrie Bernstein  
For Moss Adams LLP

LB:ch

Enclosures

cc: Remi Sun (via E-mail)

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete all or portions of all sections  
Form must be submitted to USAC and filed with the Federal Communications Commission  
**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**  
*Deadline: January 31<sup>st</sup> (Annually)*

<u>382247</u>	
Study Area Code (SAC)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>	
<u>North Dakota</u>	<u>Missouri Valley Comms./Nemont Tele Coop., Inc.</u>
State	ETC Name
<u>Nemont</u>	<u>N/A</u>
DBA, Marketing or Other Branding Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>

Does the reporting company have affiliated ETCs?      Yes       No

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

**Section 1: Initial Certification** *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial

**Section 2: Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year <i>(February data month)</i>	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year  <i>(These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)</i>	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
68	0	2	6	60

**Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non-responding subscribers	Number of subscribers responding that they are no longer eligible  <i>(This should be a subset of Block G.)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
60	45	15	5	20

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0


**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

**Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial 

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on \_\_\_\_\_ Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

**Section 3: De-enroll Percentage**

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$M = (F+K)$	$N = (J+L)$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC <i>(This should equal the number reported in Block E)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
60	20	33.33%

**Section 4: Pre-Paid ETCs**

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

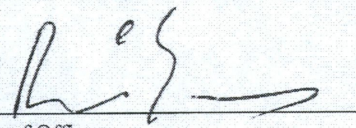
Is the ETC Pre-Paid? Yes  No

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

**Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,   
 Signature of Officer  
remi.sun@nemont.coop  
 Email Address of Officer  
Lorrie Bernstein  
 Person Completing This Certification Form

Remi Sun / Chief Financial Officer  
 Printed Name and Title of Officer  
1/26/2016  
 Date  
(406)783-2358  
 Contact Phone Number



## Choua Her

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**From:** Choua Her  
**Sent:** Friday, January 29, 2016 10:45 AM  
**To:** 'LiVerifications@usac.org'  
**Cc:** Remi Sun - Nemont Telephone Cooperative, Inc (remi.sun@nemont.coop); 'Jodie Richardson (jodie.richardson@nemont.coop)'; 'Char Bucklin'; Lorrie Bernstein  
**Subject:** Missouri Valley Comm/Nemont Form 555  
**Attachments:** Missouri Valley Comm-Nemont SAC382247 Form 555.pdf

Hi USAC,

Attached is Missouri Valley Communications/Nemont Tele Coop's (SAC 382247) Form 555 due February 1, 2016.

Thank you,

**Choua Her | MOSS ADAMS LLP**  
Regulatory Consulting Staff  
*Communications and Media Practice*

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*Please note our suite number has changed*

## Your submission has been accepted

<b>ECFS Filing Receipt -</b>		
<b>Confirmation number:</b> <b>2016129637002</b>		
<b>Proceeding</b>		
<b>Name</b>	<b>Subject</b>	
14-171	Lifeline Compliance Filings	
<b>Contact Info</b>		
<b>Name of Filer:</b> Missouri Valley Communications, Inc.		
<b>Email Address:</b> remi.sun@nemont.coop		
<b>Address</b>		
<b>Address Line 1:</b> PO Box 600		
<b>City:</b> Scobey		
<b>State:</b> MONTANA		
<b>Zip:</b> 59263		
<b>Details</b>		
<b>Type of Filing:</b> SUBMISSION FOR THE RECORD		
<b>Document</b>		
(s)		
<b>File Name</b>	<b>Custom Description</b>	<b>Size</b>
Missouri Valley Comm-Nemont	MVC Form 555 Due Feb 1 2	
SAC382247 Form 555.pdf	2016	MB
<b>Disclaimer</b>		
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