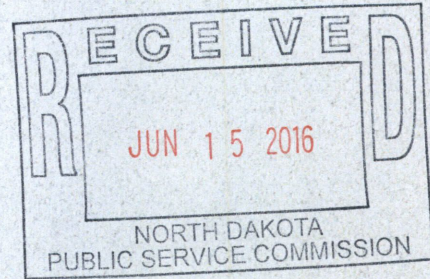


Missouri Valley
Communications, INC.
TOTAL TELECOMMUNICATIONS



June 15, 2016

Darrell Nitschke, Executive Secretary
North Dakota Public Service Commission
600 E Boulevard Dept. 408
Bismarck, ND 58505-0480

RE: WC Docket No. 10-90: Administration of Connect America Fund Inter-carrier Compensation Replacement §54.304(d)(1).

Dear Mr. Nitschke,

Pursuant to 47 C.F.R. §54.304(d)(1) of the Federal Communications Commission's rules, enclosed please find the projected eligibility for CAF ICC funding for July 1, 2016 through June 30, 2017 for Nemont Telephone Cooperative, Inc. – ND / Missouri Valley Communications, Inc., Study Area Code 382247. This projection includes any true-ups associated with earlier filing periods. This projection has also been filed with the Federal Communications Commission and the Universal Service Administrative Company, as the administrator of the Federal Universal Service Fund.

An electronic version of this filing has also been submitted via the North Dakota Public Service Commission's website at ndpsc@nd.gov.

Should you have any questions regarding this filing, please contact me via electronic mail at barrowsconsulting@gmail.com or by telephone at 406-449-3214.

Sincerely,

Sandra Barrows

Sandra Barrows
Regulatory Consultant for
Nemont Telephone Cooperative, Inc. – ND
Missouri Valley Communications, Inc.

Enclosures

2 **PU-16-68** Filed: 6/15/2016 Pages: 5
Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data

Nemont Telephone Cooperative, Inc.
Sandra Barrows

CONFIDENTIAL



2016 CAF ICC Data Collection

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Logged in User: Jaye Rishard

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Study Area: NEMONT TEL COOP - ND (ID: 382247)
Holding Company: NEMONT TEL. COOP. (ID: 200000104)

Study Area USAC Reports

[[View Printer-friendly report](#)]

2016 USAC Data Report (Test Period 2016-2017)

CONNECT AMERICA FUND

Data to be provided to USAC/FCC in June 2016 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/16-6/30/17 Post True-up (Filing) View		
Rate-of-Return (ROR) Carrier Revenue Requirement		
1	2011 Interstate Switched Access Revenue Requirement	\$305,905
2	FY 2011 Intrastate Terminating Switched Access Revenues	\$234,443
3	FY 2011 Net Reciprocal Compensation Revenues	\$207,698
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	\$748,046
5	ROR Carrier Baseline Adjustment Factor (0.95 ^ 5)	0.773781
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	\$578,824
7	Pool Administration Expenses	\$15,540
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	\$594,364
Revenues from Reformed Inter-carrier Compensation (ICC) Rates		
9	Interstate Switched Access Revenues	\$429,811
10	Interstate Allocated Switched Access Revenues#	\$89,220
11	Transitional Intrastate Access Service Revenues	\$21,145
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	\$110,365
Eligible Recovery		
14	TRS Increment	\$0
15	Regulatory Fees Increment	\$0
16	NANPA Increment	\$0
17	Interstate Local Switching Support for Price Cap Affiliates	\$0
18	Adjustment for Double Recovery or Corrections	(\$13,911)
19	Test Period 14/15 Trueup - Net Impact on Total Eligible Recovery	\$20,779
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	\$490,867
Revenues from Access Recovery Charges (ARC)		
21	Residential ARC Revenues	\$98,886
22	Single Line Business ARC Revenues	\$11,850
23	Multi-Line Business ARC Revenues	\$130,248
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	\$240,984
Connect America Fund (CAF) ICC Support**		
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	\$249,883

NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) * (Line 1/ Sum of Line 1 for all TS pool participants)

**NECA estimate provided for informational purposes only - actual to be calculated by USAC.

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: NEMONT TEL COOP - ND

Digitally signed by Remi Sun DN: cn=Remi Sun, email=remi.sun@nemont.coop, o=Nemont tel coop - nd, l=Scobey MT 59263-0600, Date: 5/26/2016

Remi Sun

Date: 5/26/2016

Signature of Authorized Officer or employee:

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier 382247

Filing Due Date for this form (mm/dd/yyyy) 6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: NEMONT TEL COOP - ND

Remi Sun
Digitally signed by Remi Sun DN: cn=Remi Sun, email=remi.sun@nemont.coop, o=nemont tel coop - nd, |s=Scobey MT 59263-0600, Date: 5/26/2016

Date: 5/26/2016

Signature of Authorized Officer or employee:

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier 382247

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TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: NEMONT TEL COOP - ND

Digitally signed by Remi Sun DN: cn=Remi Sun, email=remi.sun@nemont.coop, o=Nemont tel coop - nd, |c=Scobey MT 59263-0600, Date: 5/26/2016

Date: 5/26/2016

Remi Sun

Signature of Authorized Officer:

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-783-2358

Study Area Code of Reporting Carrier

382247

Filing Due Date for this form

(mm/dd/yyyy)

6/16/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.