

# Bantz, Gosch & Cremer, L.L.C.

PROF. L.L.C.

◆ Attorneys at Law ◆

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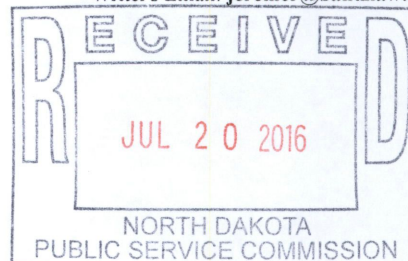
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July 20, 2016



08416-039

Mr. Darrell Nitschke

Executive Secretary

North Dakota Public Service Commission

600 E. Boulevard Avenue, Dept. 408

Bismarck, ND 58505-0602

Re: James Valley Cooperative Telephone Company ETC Filing – 2016

Dear Mr. Nitschke:

On behalf of James Valley Cooperative Telephone Company of Groton, South Dakota, enclosed for filing are the following:

1. 2016 ETC Annual Report, *excluding* Exhibit A and *excluding* the confidential portion of Exhibit B, both of which contain confidential, trade-secret information, but including Exhibit C (three copies);
2. Application for Protective Order for Exhibit A and Exhibit B; and
3. Trade-Secret Information, which is in a separate, sealed envelope containing Exhibit A and Exhibit B (three copies).

Thank you.

Sincerely yours,

A handwritten signature in blue ink that reads "James M. Cremer". The signature is fluid and cursive, with a long, sweeping underline that extends to the left and loops back under the name.

JAMES M. CREMER

Enclosures

cc: Via email w/o confidential exhibits:  
Patrick Fahn/ND Public Service Commission  
James Groft

**STATE OF NORTH DAKOTA**  
**BEFORE THE PUBLIC SERVICE COMMISSION**

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JAMES VALLEY COOPERATIVE  
TELEPHONE COMPANY'S  
2016 ANNUAL REPORT FOR  
ESSENTIAL TELECOMMUNICATIONS  
CARRIER CERTIFICATION

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CASE NO. \_\_\_\_\_

James Valley Cooperative Telephone Company ("JVT"), pursuant to North Dakota Administrative Code § 69-09-05-12.1, does hereby state and certify, as follows:

1. The Company will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customer's premises, and
2. The Company will provide service, within a reasonable period of time, if the potential customer is within the company's designated service area but outside the Company's existing network coverage, if service can be provided at a reasonable cost.
3. The Company is able to remain functional in emergency situations and has a reasonable amount of back-up power to ensure functionality without an external power source.
4. The Company is satisfying and will satisfy applicable consumer protection and service quality standards.
5. If the company is a non-incumbent local exchange carrier, it will offer a local usage plan comparable to the one offered by the incumbent local exchange carrier in the designated service area.
6. The Company acknowledges that the North Dakota Public Service Commission (the Commission) may require it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the proposed designated service area.
7. The Company has met and will meet the requirements of eligible telecommunications carrier advertising.

Attached hereto as "Exhibit A" is information indicating "Year 2015 Federal Universal Service Receipts" received by the Company. This same Exhibit also shows total expenditures of the Company in 2015 related to the provision, maintenance and upgrading of the facilities and services that are supported by Federal Universal Service Funding and further estimates these same expenditures for calendar year 2017. Consistent with federal universal service principles, the Company will use federal universal service amounts received in 2017 to offset a portion of

these 2017 expenditures. This use of federal universal service support will enable the Company to: (1) maintain rates for its local exchange services that are affordable and reasonably comparable to rates being charged for the same services in urban areas; and (2) to upgrade its telecommunications facilities and equipment as necessary to meet evolving service requirements and maintain high quality service. The use of federal universal service support for these purposes is clearly consistent with the federal universal service provisions. In addition to the information included in Exhibit A, the following information is provided to meet the Commission's "Certification requirements:"

- The Company's service quality improvement plan is to continue to upgrade its telecommunications facilities and equipment as necessary to meet evolving service requirements and maintain high quality service throughout its service area. As an incumbent local exchange carrier and the carrier of last resort in its service area, the Company upgrades and replaces facilities and equipment as necessary. The Company believes that its planned capital additions will improve the reliability of switched calls for its customers, increase the Company's network capacity to serve remote customers and provide customers with state-of-the-art telecommunications service. In furtherance of its service quality improvement plan, the Company will use any high-cost universal service amounts received by it to offset expenditures incurred as it continues to upgrade and replace facilities and equipment. A copy of the Company's Form 481 is attached hereto as "Exhibit B."
- During calendar year 2015, the Company experienced no service outages affecting at least 10 percent of its end user customers, for a period lasting longer than 30 minutes.
- The Company was able to provide service to all potential customers that requested service during 2015 and, as of December 31, 2015, the Company had no unfulfilled requests for service.
- During 2015, the Company's customer service department received no formal complaints from consumers.

I hereby certify that the above information is true and correct and is submitted on behalf of the Company named below. The information is submitted in the year 2016.

Dated this 20th day of July, 2016.

James Valley Cooperative Telephone  
Company

  
By: James Groft  
Title: CEO

**EXHIBIT B**

Attached is a copy of James Valley Cooperative Telephone Company's FCC Form 481 as required by 47 C.F.R. §54.313 and 54.422.

<b>&lt;010&gt;</b>	Study Area Code	391664
<b>&lt;015&gt;</b>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<b>&lt;020&gt;</b>	Program Year	2016
<b>&lt;030&gt;</b>	Contact Name: Person USAC should contact with questions about this data	Tanya Berndt
<b>&lt;035&gt;</b>	Contact Telephone Number: Number of the person identified in data line <030>	6057251073 ext.
<b>&lt;039&gt;</b>	Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b> Completion Required	<b>54.422</b> Completion Required
--	--------------------------------------	--------------------------------------

			(check box when complete)	
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	
<b>&lt;200&gt;</b>	Outage Reporting (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;210&gt;</b>	<input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice) <input style="width: 50px; text-align: center;" type="text" value="0"/>		<input checked="" type="checkbox"/>	
<b>&lt;310&gt;</b>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>		<input type="checkbox"/>	
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband) <input style="width: 50px; text-align: center;" type="text" value="0"/>		<input type="checkbox"/>	
<b>&lt;330&gt;</b>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <span style="float: right; font-size: small;">(attach descriptive document)</span>		<input type="checkbox"/>	
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;410&gt;</b>	Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;420&gt;</b>	Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	
<b>&lt;440&gt;</b>	Fixed <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;450&gt;</b>	Mobile <input style="width: 50px; text-align: center;" type="text" value="0.0"/>			
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right; font-size: small;">(check to indicate certification)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;510&gt;</b>	<div style="border: 1px solid black; padding: 2px;">391664SD510.pdf</div> <span style="float: right; font-size: small;">(attached descriptive document)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;600&gt;</b>	Functionality in Emergency Situations <span style="float: right; font-size: small;">(check to indicate certification)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;610&gt;</b>	<div style="border: 1px solid black; padding: 2px;">391664SD610.pdf</div> <span style="float: right; font-size: small;">(attached descriptive document)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;700&gt;</b>	Company Price Offerings (voice) <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	
<b>&lt;710&gt;</b>	Company Price Offerings (broadband) <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	
<b>&lt;800&gt;</b>	Operating Companies and Affiliates <span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>		<input type="checkbox"/>	
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability Certification <span style="float: right; font-size: small;">(if yes, complete attached worksheet)</span>	<input type="text" value="Yes"/>	<input type="checkbox"/>	
<b>&lt;1010&gt;</b>	<div style="border: 1px solid black; padding: 2px;">391664SD1010.pdf</div> <span style="float: right; font-size: small;">(attach descriptive document)</span>		<input type="checkbox"/>	
<b>&lt;1100&gt;</b>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> <span style="float: right; font-size: small;">(if not, check to indicate certification)</span>		<input type="checkbox"/>	
<b>&lt;1110&gt;</b>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers <span style="float: right; font-size: small;">(complete attached worksheet)</span>			<input type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<b>&lt;2000&gt;</b>	<span style="float: right; font-size: small;">(check to indicate certification)</span>		<input type="checkbox"/>	
<b>&lt;2005&gt;</b>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<b>&lt;3000&gt;</b>	<span style="float: right; font-size: small;">(check to indicate certification)</span>		<input type="checkbox"/>	
<b>&lt;3005&gt;</b>	<span style="float: right; font-size: small;">(complete attached worksheet)</span>		<input type="checkbox"/>	

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 391664

<015> Study Area Name JAMES VALLEY COOPERATIVE TEL. CO.

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Tanya Berndt

<035> Contact Telephone Number - Number of person identified in data line <030> 6057251073 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> tanyab@nvc.net

<110> Has your company received its ETC certification from the FCC?  (yes / no)  (yes / no) "5

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?  (yes / no)  (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	Yes
<114> Report how much universal service (USF) support was received	Yes
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	Yes









**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 391664  
 <015> Study Area Name JAMES VALLEY COOPERATIVE TEL. CO.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Tanya Berndt  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6057251073 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> tanyab@nvc.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035>	Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 391664  
 <015> Study Area Name JAMES VALLEY COOPERATIVE TEL. CO.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Tanya Berndt  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6057251073 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> tanya@nvc.net

391664SD1210.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.



(9000) Rate Of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0946/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 391664  
 <015> Study Area Name JAMES VALLEY COOPERATIVE TEL. CO.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Tanya Berndt  
 <035> Contact Telephone Number - Number of person identified in data line <030> 6057251073 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> t.aynab@jvvc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(ii))  
 Name of Attached Document Listing Required Information  
 391664SD3010.pdf

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))  
 Name of Attached Document Listing Required Information  
 391664SD3012.pdf

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))   
 (3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  
 Name of Attached Document Listing Required Information (Yes/No)  
 391664SD3017.x1.sx, 391664SD3017.pdf

(3018) If the response is no on line 3014, is your company audited?   
 If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications   
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit   
 If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,   
 (3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.   
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391664
<015> Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035> Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: JAMES VALLEY COOPERATIVE TEL. CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/12/2015
Printed name of Authorized Officer: James Groft	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6057251054 ext.	
Study Area Code of Reporting Carrier: 391664	Filing Due Date for this form: 07/01/2015
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	391664
<015> Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Tanya Berndt
<035> Contact Telephone Number - Number of person identified in data line <030>	6057251073 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tanyab@nvc.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ 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 annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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 THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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.	

## Attachments







**JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Form 481**

**Study Area 391664**

**Line 112**

**The attachment is redacted in entirety.**

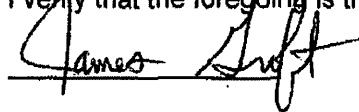
**CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2014**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. James Valley Cooperative Telephone Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Customer privacy notice information is attached. James Valley Cooperative Telephone Company has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on May 8, 2015.

A handwritten signature in black ink, appearing to read "James Groft", written over a horizontal line.

James Groft, CEO

James Valley Cooperative Telephone Company

**Important Notice Regarding Your Account  
OPT-OUT CPNI NOTICE**

James Valley Telecommunications respects your privacy and observes the privacy rules established by the Federal Communications Commission, the South Dakota Public Utilities Commission and other telecom oversight agencies. One of these privacy rules requires that we notify you every two years of the potential use of your Customer Proprietary Network Information (CPNI) for certain purposes.

CPNI consists of the call, service and billing records regarding your use of the telecommunications services that you purchase from us (e.g., the telephone numbers you call; the frequency, timing and duration of your calls; and the telecommunications and information services you purchase). JVT will never sell your account information or provide details of your telephone calls to other parties, unless required by law enforcement.

JVT is requesting your approval to use your CPNI for the following purposes only: to notify you from time to time of additional products and services available from JVT outside the existing business relationship we currently have with you. For example, if you have our local voice service, you may be interested to learn about specials on our video or cellular services. However, you have the right to be excluded from these marketing campaigns.

If it is acceptable to receive information about additional products and services, you need do nothing further. Your approval will be deemed to have been granted thirty-three (33) days after this notice was sent to you.

If you prefer to be excluded from these marketing efforts, please complete, sign and return the form below with your monthly payment, and we will remove you from all targeted marketing efforts. You may also fax the form to JVT at 397-2350, call JVT's business office at 397-2323 during regular business hours (or by dialing 611 from your home phone) or email us at [marketing@nvc.net](mailto:marketing@nvc.net) within 30 days of your receipt of this notice stating you wish to be excluded from marketing efforts using your CPNI. Your JVT service will not be impacted by this notification.

-----  
I have read this OPT-OUT CPNI NOTICE, and DO NOT approve of the proposed use of CPNI for the customer account specified below.

Customer Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number (s) \_\_\_\_\_



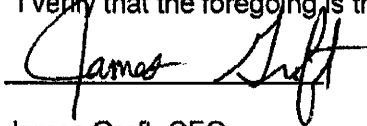
**CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2014**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, James Valley Cooperative Telephone Company hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). James Valley Cooperative Telephone Company is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. James Valley Cooperative Telephone Company has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. James Valley Cooperative Telephone Company's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. James Valley Cooperative Telephone Company has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on May 8, 2015.



James Groft, CEO

James Valley Cooperative Telephone Company

**CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

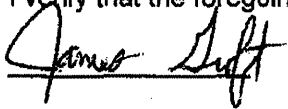
**Reporting Period January 1 – December 31, 2014**

**47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2015 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 10, 2015.



James Groft, CEO

James Valley Cooperative Telephone Company



## Lifeline Assistance Application and Certification Form

Company Name: James Valley Telecommunications

SPIN: 143002236

*(Please Print or Type)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Residential Address *(Do not use a P.O. Box address)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your residential address a permanent address? Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address *(If different from residential address)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ *(If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)*

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ *(if existing service)*

Telephone number where you can be reached or receive messages: \_\_\_\_\_

Are you currently receiving Lifeline assistance through any other telephone provider? Yes \_\_\_\_\_ No \_\_\_\_\_

I am applying for: \_\_\_\_\_ Lifeline *(\$9.25/monthly service discount for Landline Phone)*

\_\_\_\_\_ Toll Limitation Service *(free toll blocking or toll control)*

**Please check all that apply and provide documentation to prove eligibility.**

I, one or more of my dependents, or my household currently participates in one or more of the following programs:

- \_\_\_\_\_ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
- \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Federal Public Housing Assistance (Section 8)
- \_\_\_\_\_ Low-Income Energy Home Assistance Program (LIHEAP)
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_\_ National School Lunch Program's Free Lunch Program
- \_\_\_\_\_ OR My household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: \_\_\_\_\_.

*If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).*

**2015 Federal Poverty Guidelines – 135%**

Household Size	Household Size
1 \$15,889	5 \$38,353
2 \$21,505	6 \$43,969
3 \$27,121	7 \$49,585
4 \$32,737	8 \$55,201

For each additional person after 8, add \$5,616 to the annual guideline.

Source: Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237

**Important Information**

You will be required to provide documentation of eligibility. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.

Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

I give JVT permission to release to the Universal Service Administration Company (USAC) or its agent any records required to confirm that my household receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies and I will have to select one service and I will be de-enrolled from the other.

Initial here \_\_\_\_\_

**I certify, under penalty of perjury, that:**

(1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so;

(2) I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

(3) If I move to a new address, I will provide that new address to the telephone company within 30 days;

(4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;

(5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

(6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

(7) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4);

(8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(9) The information contained in this application and certification form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.*

For more information about Lifeline, see [www.PUC.SD.gov/Lifeline](http://www.PUC.SD.gov/Lifeline)

**Please return this application and all documentation to:**

James Valley Telecommunications  
PO Box 260 - 235 E 1<sup>st</sup> Ave Groton, SD 57445  
605-397-2323 or 1-800-556-6525

\_\_\_\_\_  
**Office Use Only**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Form(s) used to determine eligibility

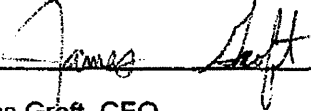
**CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2014**

**Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 11, 2015.



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James Groft, CEO

James Valley Cooperative Telephone Company

SAC: 391664

**JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Form 481**

**Study Area 391664**

**Line 3012**

**The attachment is redacted in entirety.**

**JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

**Form 481**

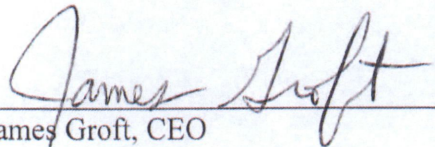
**Study Area 391664**

**Line 3017**

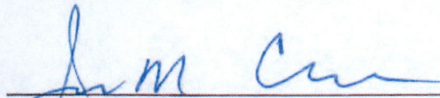
**The attachment is redacted in entirety.**

**EXHIBIT C**  
**Affidavit**

As an authorized representative of James Valley Cooperative Telephone Company, I, James Groft hereby affirm familiarity with and an understanding of the requirements of the Federal Communications Act of 1934, as amended by the Telecommunications Act of 1996, with respect to the receipt of any federal universal service funds received as high-cost loop support, local switching support, safety net additive support, and/or safety valve support and hereby affirm that any such support amounts received by James Valley Cooperative Telephone Company will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended consistent with 47 U.S.C. 254(e).

  
James Groft, CEO

Subscribed and Sworn to before me the 20<sup>th</sup> day of July 2016.

  
NOTARY PUBLIC

My Commission expires: 1-27-2021

