

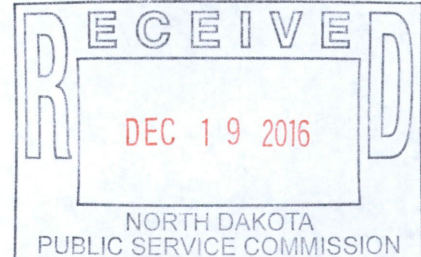


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VIA ELECTRONIC FILING

December 19, 2016

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



Re: Annual Reporting Requirements for High-Cost Recipients Pursuant to 47 C.F.R.
§54.304 (d)(1) – Griggs County Telephone Company SAC (381615 & 381622)

Dear Mr. Nitschke:

The Federal Communications Commission's (FCC) November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) requires carriers seeking recovery through the federal mechanisms established in the Order to make certain certifications to the FCC and to state commissions regarding their eligibility for, and their compliance with the rules applicable to such recovery.

The FCC's November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) also requires rate of return carriers seeking CAF/ICC support to file data establishing the amount of the rate of return carrier's eligible CAF/ICC funding per 47 C.F.R. §54.304 (d) (1). Included is the projected Access Recovery Support and Connect America Fund Support as filed with the FCC under this same Order. This revised filing is made to reflect the reporting requirements due to the implementation of Consumer Broadband Only Lines as outlined in FCC TRP Docket # WC 16-317.

If you have any further questions, please contact Tom Campbell at tcampbell@otcpas.com.

Regards,

Tom Campbell

1 **PU-17-45** Filed: 12/19/2016 Pages: 7
Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data

Griggs County Telephone Co.

Tom Campbell



2016 CAF ICC Data Collection

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Study Area: GRIGGS COUNTY TEL CO (ID: 381615)

Revised CAFICC Support with Imputed ARC Revenue for Consumer Broadband Loops

[View the calculation method]

Line ID	Line Description	Amount
10	Projected Average Monthly Consumer Broadband-Only Loops	
20	Test Period 2016-2017 Projected ARC Revenues	
30	Test Period 2016-2017 Total Lines excluding Life Line	
40	Average ARC per Line per Month	
50	ARC Revenue Adjustment	
60	Test Period 2016-2017 CAFICC Support	
70	Adjusted Test Period 2016-2017 CAFICC Support	

2016 CAF ICC
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Study Area: GRIGGS CTY (M&L) (ID: 381622)

Revised CAFICC Support with Imputed ARC Revenue for Consumer Broadband Loops

[[View the calculation method](#)]

Line ID	Line Description	Amount
10	Projected Average Monthly Consumer Broadband-Only Loops	
20	Test Period 2016-2017 Projected ARC Revenues	
30	Test Period 2016-2017 Total Lines excluding Life Line	
40	Average ARC per Line per Month	
50	ARC Revenue Adjustment	
60	Test Period 2016-2017 CAFICC Support	
70	Adjusted Test Period 2016-2017 CAFICC Support	

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TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>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.</p>			
Name of Reporting Carrier:		GRIGGS COUNTY TEL CO	
Signature of Authorized Officer:		<p style="text-align: center;">Tyler Klilde</p> <small>Digitally signed by Tyler Klilde DN: cn=Tyler Klilde, email=tylerk@migc.biz, o=griggs county tel co, c=Enderlin ND 58027-0066, Date 11/30/2016</small>	
Printed name of Authorized Officer:		Tyler Klilde	
Title or position of Authorized Officer:		VP/GM	
Telephone number of Authorized Officer:		701-437-3417	
Study Area Code of Reporting Carrier	381615	Filing Due Date for this form (mm/dd/yyyy)	12/19/2016
<p>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.</p>			

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

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.			
Name of Authorized Agent: <u>National Exchange Carriers Association, Inc.</u>			
Name of Reporting Carrier: <u>GRIGGS COUNTY TEL CO</u>			
Signature of Authorized Officer: <u>Tyler Kilde</u>		Date: <u>12/2/2016</u>	
Digitally signed by Tyler Kilde DN: cn=Tyler Kilde, email=tylerk@mgcc.biz, o=griggs county tel co, l=Enderlin ND 58027-0066, Date: 12/2/2016			
Printed name of Authorized Officer: <u>Tyler Kilde</u>			
Title or position of Authorized Officer: <u>VP/GM</u>			
Telephone number of authorized officer: <u>701-437-3417</u>			
Study Area Code of Reporting Carrier	<u>381615</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</u>
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TO BE COMPLETED BY THE REPORTING CARRIER.

<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>			
<p>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.</p>			
<p>Name of Reporting Carrier: GRIGGS CTY (M&L)</p>		<p>Digitally signed by Tyler Kilde DN: cn=Tyler Kilde, email=tylerk@nrgc.biz, o=griggs ct, (m&l), =Enderlin ND 58027-0066, Date: 11/30/2016</p>	
<p>Signature of Authorized Officer: Tyler Kilde</p>		<p>Date: 11/30/2016</p>	
<p>Printed name of Authorized Officer: Tyler Kilde</p>			
<p>Title or position of Authorized Officer: VP/GM</p>			
<p>Telephone number of Authorized Officer: 701-437-3417</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>381622</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>12/19/2016</p>
<p>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.</p>			

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

<p align="center">Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier</p> <p>I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.</p>		
<p>Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u></p>		
<p>Name of Reporting Carrier: <u>GRIGGS CTY (M&L)</u></p>		
<p>Signature of Authorized Officer: <u>Tyler Klide</u></p>		<p>Date: <u>12/2/2016</u></p>
<p>Printed name of Authorized Officer: <u>Tyler Klide</u></p>		
<p>Title or position of Authorized Officer: <u>VP/GM</u></p>		
<p>Telephone number of authorized officer: <u>701-437-3417</u></p>		
<p>Study Area Code of Reporting Carrier</p>	<p><u>381622</u></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p> <p><u>12/19/2016</u></p>
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