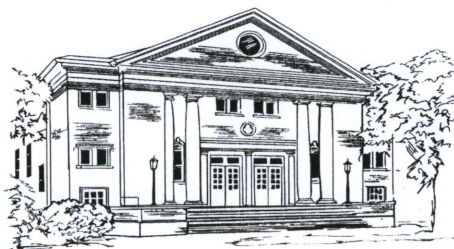


Bantz, Gosch & Cremer, L.L.C.

◆ Attorneys at Law ◆

Douglas W. Bantz (1909-1983)
Kenneth L. Gosch
James M. Cremer
Rory King
Greg L. Peterson*
Melissa E. Neville
Justin M. Scott
Marshall C. Lovrien^
Aaron N. Sandvig**
Joshua G. Wurgler
*Also Licensed in North Dakota
^Also Licensed in Minnesota
^Also Licensed in Arizona



305 SIXTH AVENUE, S.E.
P.O. BOX 970
ABERDEEN, SD 57402-0970

Telephone (605) 225-2232
Fax (605) 225-2497

www.bantzlaw.com
Writer's Email: jcremer@bantzlaw.com

July 25, 2017



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 – 2017

Dear Mr. Nitschke:

On behalf of James Valley Cooperative Telephone Company of Groton, South Dakota, (Study Area 391664) enclosed for filing are the following:

1. 2017 ETC Annual Report for public filing (three copies), including:
 - Exhibit A (2016 Federal Universal Service Receipts – *redacted*);
 - Exhibit B (FCC Form 481 – *redacted*); and
 - Affidavit of James Groft, CEO of James Valley;
2. Application for Protective Order for the un-redacted versions of Exhibit A and Exhibit B; and
3. Trade-Secret Information (un-redacted versions of Exhibit A and Exhibit B) which is in a separate, sealed envelope (three copies).

Thank you.

Sincerely yours,

A handwritten signature in blue ink that reads "James M. Cremer".

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

JAMES VALLEY COOPERATIVE
TELEPHONE COMPANY'S
2017 ANNUAL REPORT FOR
ESSENTIAL TELECOMMUNICATIONS
CARRIER CERTIFICATION

CASE NO. _____

James Valley Cooperative Telephone Company ("JVT"), pursuant to North Dakota Administrative Code § 69-09-05-12.1, does hereby file this Annual Report for ETC Certification and in support of the Report states as follows:

1. **Amount of High-Cost Universal Service Support in Prior Calendar Year** – See attached:
Exhibit A – 2016 Federal Universal Service Receipts (*redacted*); and
Exhibit B – Company's Form 481 (*redacted*).
2. **Outage Information** – During calendar year 2016, the Company experienced no service outages affecting at least 10 percent of its end user customers, for a period lasting longer than 30 minutes.
3. **Unfulfilled Requests for Service** – The Company was able to provide service to all potential customers that requested service during 2016 and, as of December 31, 2016, the Company had no unfulfilled requests for service.
4. **Complaints per One Thousand Lines** – During 2016, the Company's customer service department received no formal complaints from consumers.
5. **Service Quality Standards and Consumer Protection Rules** – It is satisfying and will satisfy applicable consumer protection and service quality standards.
6. **Function in Emergency** – It 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.
7. **Local Usage Plans** – It is offering a local usage plan comparable to that offered by the incumbent LEC in the relevant designated service area.
8. **Equal Access to Long-Distance Carriers** – It 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.

9. I hereby certify that the above information is true and correct and is submitted on behalf of the Company.

Dated: July 24, 2017.

James Valley Cooperative Telephone
Company

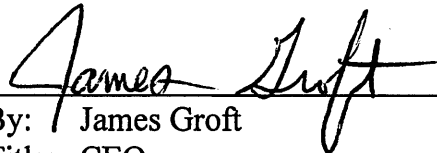

By: James Groft
Title: CEO

EXHIBIT A
Progress Report
JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Year 2016 Federal Universal Service Receipts:

Interstate Access Support	\$	
Interstate Common Line Support	\$	
Connect America Fund Support	\$	
High Cost Loop Support	\$	
Safety Net Additive Support	\$	
Safety Valve Loop Cost Adjustment	\$	
TOTAL	\$	

Expenditures For Provision, Maintenance, and Upgrading Of Facilities and Services Supported By Federal Universal Service Funding:

	Actual 2016
Plant Specific Operations Expenses	
Network support (Accts 6110-16)	\$
General support (Accts 6120-24)	\$
Central office (Accts 6210-6232)	\$
Cable and wire facilities (Accts 6410-41)	\$
Network operations (Accts 6530-35)	\$
Depreciation and amortization (Accts 6560-65)	\$
Customer Operations Expenses	
Customer services (Accts 6620-23)	\$
Corporate Operations Expenses	
Executive and planning (Accts 6710-12)	\$
General and administrative (Accts 6720-28)	\$
Total Years Supported Expenses, Before Return on Investment	\$
Additions	
Switching (Acct 2210)	\$
Transmission (Acct 2230)	\$
Cable and wire (Acct 2410)	\$
Total	\$
Total Supported Expenditures, Before Return on Investment	\$

Capital additions for 2016 included fiber and copper cable construction in several of JVCTC's exchanges to reach new subscribers or to facilitate subscriber upgrades. Additional transmission equipment and electronics were installed as well as replacement electronics added in exchanges as necessary.

Public Version

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.

**FCC Form 481 - Carrier Annual 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	2018
<030> Contact Name: Person USAC should contact with questions about this data	Tanya Berndt
<035> Contact Telephone Number: Number of the person identified in data line <030>	6057251073 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tanyab@nvc.net
Form Type	54.313 and 54.422

**(300) Unfulfilled Service Request
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 2018
 <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

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice) _____
Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband) _____
Name of Attached Document

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2015

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2018
<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
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules
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	2018
<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
<500> Certify compliance with applicable service quality standards and consumer protection rules	Yes 391664SD510.pdf
<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515> Certify compliance with applicable minimum service standards	

**(600) Functionality in Emergency Situations
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	2018
<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@mvc.net
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	391664SD610.pdf

(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 2018
 <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

<900> Does the filing entity offer tribal land services? (Y/N) No

<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 PDF, 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

(1000) Voice and Broadband Service Rate Comparability 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 2018
 <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

<1000> Voice services rate comparability certification Yes
 <1010> Attach detailed description for voice services rate comparability compliance 391664SD1010.pdf
 <1020> Broadband comparability certification

Name of Attached Document

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

391664SD1030.pdf

Name of Attached Document

<1030> Attach detailed description for broadband comparability compliance

**(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	2018
<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

Yes

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<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	2018
<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

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	391664SD1210.pdf
--------	--	------------------

Name of Attached Document

<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.

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

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

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	2018
<030>	Contact Name - Person USAC should contact regarding this data	Tanya Bernat
<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

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.

<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

Name of Attached Document Listing Required Information

<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.

<2025A> Round 2 Recipient of Incremental Support?

Name of Attached Document Listing Required Information

<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

(2005) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
 Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2018
<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

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

(3009)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) No - No New Community Anchors

(3012B) Please Provide Attachment Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, 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) with 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

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

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 Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or 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.

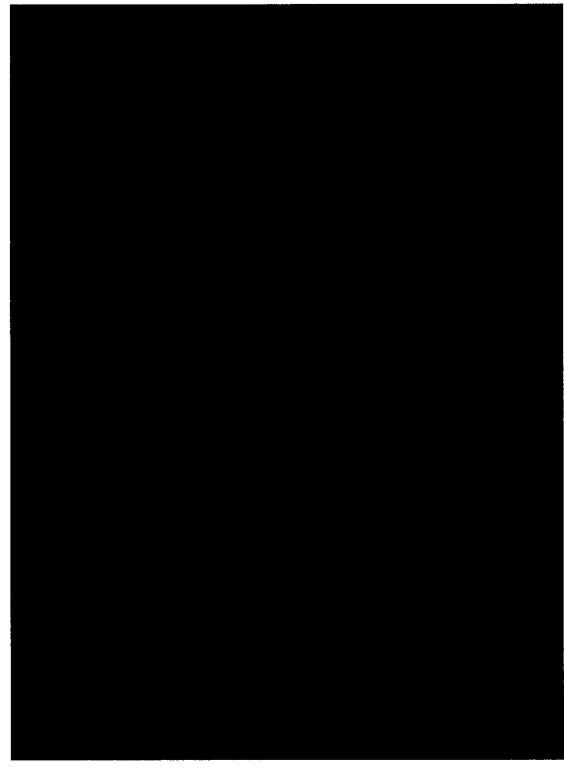
(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)
 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 2018
 <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> tanval@nvc.net



- Financial Data Summary
- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

<010>	Study Area Code	391664
<015>	Study Area Name	JAMES VALLEY COOPERATIVE TEL. CO.
<020>	Program Year	2018
<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@vc.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier 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	2018
<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:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
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 06/21/2017
Printed name of Authorized Officer: James Groft	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 6053972323 ext.	
Study Area Code of Reporting Carrier: 391664	Filing Due Date for this form: 07/03/2017
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.	

Certification - Agent / Carrier 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	2018
<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 Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
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

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2016

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 June 8, 2017.



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 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, 2016

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 June 8, 2017.



James Groft, CEO

James Valley Cooperative Telephone Company

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

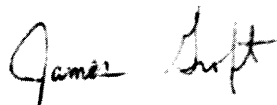
Reporting Period January 1 – December 31, 2016

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 \$49.51. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February 14, 2017. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2017 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 8, 2017.



James Groft, CEO

James Valley Cooperative Telephone Company

CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2016


47 CFR 54.313(g) - Broadband Services Rate Comparability

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

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February 14, 2017. The table provides the 2017 benchmark for a number of different broadband service offerings.

Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance (GB)	Benchmark
10	1	100	\$76.47
10	1	150	\$76.97
10	1	250	\$77.37
10	1	Unlimited	\$77.98
25	3	250	\$89.92
25	3	Unlimited	\$90.53
25	5	250	\$90.16
25	5	Unlimited	\$90.76

I verify that the foregoing is true and correct. Executed on June 8, 2017.



James Groft, CEO

James Valley Cooperative Telephone Company

LIFELINE ASSISTANCE APPLICATION

James Valley Telecommunications (391664)

Full Name _____
Last First M.I.

Address _____
Residential Address (may not be PO Box) Apartment/Unit #

Birth Date (mm/dd/yyyy) _____ Last 4 digits of Social Security # _____

Existing Phone Number _____ Head of Household Name _____

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 FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

Select Type of applicable Lifeline Service (office staff may update as necessary)

- Voice/Cell Voice/Landline Broadband (meets minimum standard)
 Bundle (both Voice and Broadband meet minimum standard)

Note: Customers receiving Lifeline assistance are required to remain with their service provider for a minimum period before they may transfer the benefit to another provider -- a 60-day "port freeze" for voice services and a 12 month "port freeze" for broadband services.

Lifeline Discount Benefit Transfer

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount under this application, you must initial the following statement:

_____ My current Lifeline service is not subject to a port freeze and I authorize James Valley Telecommunications to transfer any pre-existing discount with a different provider to my James Valley Telecommunications account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household.

Eligibility

Please identify all programs you, a dependent or another household member are currently enrolled in or if your household would like to qualify based on income based eligibility:

- Medicaid Supplemental Security Income (SSI) Federal Public Housing Assistance
 SNAP Veteran's Pension or Survivor's Pensions

If you do not participate in one or more of the programs listed, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (FPG). See table on the next page:

2017 Federal Poverty Guidelines – 135%

Household Size	Household Size
1 \$16,281	5 \$38,853
2 \$21,924	6 \$44,496
3 \$27,567	7 \$50,139
4 \$33,210	8 \$55,782

Note: Proof of program participation or income will be required to qualify. Examples include a copy of your benefit ID card, eligibility letter from the authorizing agent or the prior year's statement of benefits. Sources of income include prior year's tax return, three months of paychecks from all employers or benefit statements from retirement/pension.

Please read the following statements, initial by each certification, and sign below.

_____ I acknowledge that providing false or fraudulent statements to receive Lifeline benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program;

_____ I affirm that the information contained in this application and certification form is true and correct to the best of my knowledge;

_____ I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline, as provided for in 47 C.F.R. Section 54.409 and that I have provided any required documentation of eligibility;

_____ I understand that my household can only receive one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____ I certify that the individual named on the documentation provided, demonstrating program-based eligibility, if not me, is part of my household;

_____ I understand that Lifeline is a non-transferable benefit and that I may not transfer it to any other person;

_____ I certify that if I move to a new address, I will provide that new address to James Valley Telecommunications within 30 days;

_____ I certify that I will notify James Valley Telecommunications 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, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

_____ 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. Section 54.405(e)(4);

_____ I understand that information from this application will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility;

_____ **(Only if applicable)** I understand if I provided a temporary residential address for this application, I will be required to verify my temporary residential address every 90 days;

Signature _____ Date _____

OFFICE USE ONLY

Customer Provided Documents _____
Reviewer's Signature _____ Date _____ Application ID _____

Consent to Provide Lifeline Subscriber Information to the National Lifeline Accountability Database (NLAD) - JVT

The Federal Communications Commission has established the National Lifeline Accountability Database (NLAD) to detect and prevent consumers from receiving more than one discounted telecommunications service under the federal Lifeline program.

Under federal law, James Valley Telecommunications is required to check this database prior to signing up Lifeline subscribers and is also required to provide the following information to the federal database's administrator:

- The Lifeline subscriber's full name;
- The Lifeline subscriber's full residential address;
- The Lifeline subscriber's date of birth;
- The last four digits of the Lifeline subscriber's social security number;
- The telephone number associated with the Lifeline service;
- The date on which the Lifeline service was initiated;
- The date on which the Lifeline service was terminated (if applicable);
- The amount of Lifeline service support being sought for the subscriber; and
- The means through which the subscriber qualified for Lifeline service (income or program-based, Medicaid, SNAP, etc).

The above information related to your Lifeline service is being provided by James Valley Telecommunications to the National Lifeline Accountability Database to verify that you, as a Lifeline applicant and/or subscriber, are not receiving more than one Lifeline benefit, and to otherwise ensure proper administration of the Lifeline program.

I, the Lifeline applicant/subscriber, acknowledge that James Valley Telecommunications will transmit to the administrator of the federal National Lifeline Accountability Database the above-referenced information about my Lifeline account and service for inclusion into the database, and hereby consent to transmission of the information for purposes allowed by law relating to administration of the Lifeline program.

I further understand that a refusal or failure to provide this consent to release my Lifeline account and service information to the administrator for inclusion in the federal National Lifeline Accountability Database will result in a denial of or de-enrollment from Lifeline service.

Signature _____ Date _____

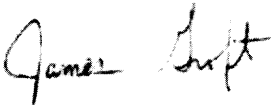
CERTIFICATION OF JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2016

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 10 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 8, 2017.



James Graft, CEO

James Valley Cooperative Telephone Company

SAC: 391664

JAMES VALLEY COOPERATIVE TELEPHONE COMPANY

Form 481

Study Area 391664

Line 3017

The attachment is redacted in entirety.