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June 15, 2018

Mr. Darrell Nitschke
Executive Secretary
Public Utilities Division
Public Service Commission
600 East Boulevard Ave, Dept 408
Bismarck ND 58505-0480



Dear Mr. Nitschke:

The attached non-docketed information is being submitted by West River Telecommunications Cooperative pursuant to F.C.C. Section 54.313.

Please note that confidential information will be provided under separate cover.

Please contact me if you have any further questions.

Sincerely,

Beverly Huber
Accounting Manager

lal

Enclosures

2 **PU-18-39** Filed: 6/15/2018 Pages: 4
Copy of FCC 47CFR Sections 54.313 & 54.422 Local
Rate Floor Data & Collection – redacted

West River Telecommunications Cooperative

Beverly Huber, Accounting Manager

email: WRT@westriv.com • phone: 701.748.2211 • fax: 701.748.6800

web: www.westriv.com • social: www.facebook.com/myWRT

mail: PO Box 467 (101 Main St W), Hazen, ND 58545

Offices: Hazen & Beulah, ND • Mobridge, SD

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	381637
2	Carrier Study Area Name	alpha characters	WEST RIVER TELECOMMUNICATIONS COOPERATIVE
3	Service Provider Identification Number	9 numeric digits	143002752
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/18
5	Contact Name	alpha characters	Huber, Beverly J
6	Contact Telephone Number (include area code)	9 numeric digits	701-748-2211
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

REDACTED

Block 2 - Residential Local Service Rates, Fees and Line Counts

Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/Zone Name	Column 7 Class Of Service
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	BEULAH	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	BEULAH	RETIREE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CARSON	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	ELGIN	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FLASHER	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	GLEN ULLIN	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	GOODRICH	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	HAZEN	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	HAZEN	RETIREE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	HEBRON	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	MCCLUSKY	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	MERCER	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NEW SALEM	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PICK CITY	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PICK CITY	RETIREE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	STANTON	RETIREE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TURTLE LAKE	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	UNDERWOOD	VACATION
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	WASHBURN	VACATION

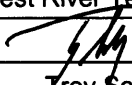
Rate Floor Data

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

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association (NECA) 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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.

I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information 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 Authorized Agent				National Exchange Carrier Association (NECA)					
Name of Reporting Carrier				West River Telecommunications Cooperative					
Signature of authorized officer						Date		06/08/2018	
Printed name of authorized officer				Troy Schilling					
Title or position of authorized officer				CEO/GM					
Telephone number of authorized officer:				(701) 748-2211 ext.					
Study Area Code of Reporting Carrier		381637		Filing Due Date for this form (mm/dd/yyyy)		07/01/2018			

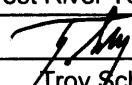
Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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

Name of Reporting Carrier **West River Telecommunications Cooperative**

Signature of authorized officer



Date **06/08/2018**

Printed name of authorized officer **Troy Schilling**

Title or position of authorized officer **CEO/GM**

Telephone number of authorized officer: **(701) 748-2211 ext.**

Study Area Code of Reporting Carrier

381637

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

07/01/2018