

Red River

COMMUNICATIONS

510 Broadway ~ P.O. Box 136
Abercrombie, ND 58001

February 2, 2018

Public Service Commission
Attn: John Hamre
600 E. Boulevard Ave, Dept. 408
Bismarck, ND 58505



RE: FCC Form 555 Annual Lifeline ETC Certification

Dear John:

Enclosed is a copy of the FCC Form 555 Annual Lifeline Eligible Telecommunications Carrier Certification filed with the FCC for the calendar year 2017. As we serve multiple states, an additional page is included with a breakdown of information by state.

If you have any questions please contact me at 701-553-9065 or donnathiel@redrivercomm.com.

Sincerely,

A handwritten signature in cursive script that reads "Donna Thiel".

Donna Thiel
Administrative Assistant

Enclosure

1 **PU-18-56** Filed: 1/29/2018 Pages: 7
FCC Form 555 – ETC Annual Lifeline Certification

Red River Rural Telephone Association

Phone 701-553-8309  Fax 701-553-8396  www.redrivercomm.com

A division of Red River Rural Telephone Association

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

<u>381631</u>		<u>143002213</u>
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>		
<u>2017</u>	<u>ND</u>	<u>Red River Rural Telephone Association</u>
Recertification Year	State	ETC Name
<u>N/A</u>		<u>Red River Telephone Association</u>
<u>DBA, Marketing, or Other Branding Name</u>		<u>Holding Company Name</u>
<i>(If same as ETC name, list "N/A" Do not leave blank)</i>		<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

Does the reporting company have affiliated ETCs?

Yes

No

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial jj

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	1	3	2	1	3	8	18

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial jjO

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	18	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Jeffrey J. Olson - CEO

Signature of Officer

jeffolson@redrivercomm.com

Email Address of Officer

Kim Berseth

Person Completing This Certification Form

Jeffrey J. Olson - CEO

Printed Name and Title of Officer

Jan 26, 2018

Date

701-553-8309

Contact Phone Number

Form 555 – Annual Lifeline ETC Certification Form – submitted January 2018 for Jul-Oct 2017

**** Breakdown of data by state ****

A. Subscribers eligible for recertification by anniversary month:

State	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
MN	0	0	0	0	0	0	0	0	1	1	0	1	3
ND	0	0	0	0	0	0	1	3	1	0	3	7	15
SD	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	1	3	2	1	3	8	18

Note: One SD customer started Lifeline service in August 2017 but did not yet qualify for re-certification in this report.

B. Subscribers de-enrolled prior to recertification attempts:

State	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
MN	0	0	0	0	0	0	0	0	0	0	0	0	0
ND	0	0	0	0	0	0	0	0	0	0	0	2	2
SD	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	2	2

C. Total number of subscribers ETC is responsible for recertifying:

State	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
MN	0	0	0	0	0	0	0	0	1	1	0	1	3
ND	0	0	0	0	0	0	1	3	1	0	3	7	13
SD	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	1	3	2	1	3	8	16

F. Subscribers contacted by ETC directly to recertify:

State	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
MN	0	0	0	0	0	0	0	0	1	1	0	1	3
ND	0	0	0	0	0	0	1	3	1	0	3	7	13
SD	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	1	3	2	1	3	8	16

H. Subscribers who recertified through ETC direct outreach attempt:

State	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
MN	0	0	0	0	0	0	0	0	1	1	0	1	3
ND	0	0	0	0	0	0	1	3	1	0	3	7	13
SD	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	1	3	2	1	3	8	16