

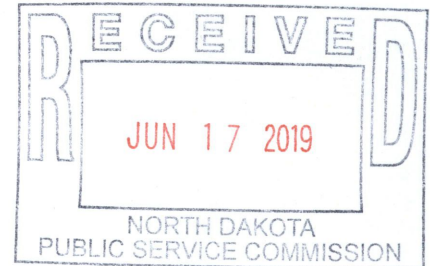
Mid-Rivers

TELEPHONE COOPERATIVE, INC.

P.O. Box 280 • 904 C Avenue
Circle, Montana 59215
(406) 485-3301 • Fax: (406) 485-2924
800-452-2288 • www.midrivers.com

June 13, 2019

Darrell Nitschke
Executive Secretary
Public Service Commission
State of North Dakota
State Capitol – 600 E Blvd. Dept. 408
Bismarck, ND 58505-0480



RE: Mid-Rivers Telephone Cooperative, Inc. – 47 C.F.R. §54.304
2019 CAF ICC Data and Certifications

Enclosed for filing is an original and two copies of Mid-Rivers Telephone Cooperative, Inc.'s 2019 CAF ICC Data and Certifications.

Please contact Craig Dyk at (406) 485-3301 with any questions.

Thank you,

A handwritten signature in blue ink, appearing to read "Michael Candelaria".

Michael Candelaria
General Manager/CEO

Enclosures

| Filing Entity | COCA | Study Area Name | TY 2017/2018 Total Eligible Recovery After True-Up Including Obsolete Unrecoverable True-Up Reverse | TY 2017/2018 Incurable Eligible Recovery (After True-Up) | TY 2017/2018 Incurable Eligible Recovery (After True-Up) | TY 2017/2018 Net Rec. Comp. Eligible Recovery (After True-Up) | TY 2017/2018 Total of Engagements Cost Increments | ARC True-Up for TY 2015/2016 | Total of Engagements Cost True-Ups for TY 2015/2016 | TY 2015/2016 Obsolete Unrecoverable True-Up Revenue |
|--|--------|-----------------|---|--|--|---|---|------------------------------|---|---|
| Mad-Rivers Telephone Cooperative, Inc. | 482246 | 693335.373 | 554,581 | 86,447 | 0 | 7,281 | 0 | 0 | 0 | 155,764 |

| | | | | | | | | | | | | |
|---|---|------------------------------|---|---|--|---|--|---|---|--|---|--|
| TV 2017/2018 Double Recovery Adjustment | TV 2017/2018 Expected Mandatum AIC Revenue | TV 2017/2018 Expected CAF | TV 2017/2018 Projected Res Eligible AIC Lines | TV 2017/2018 Projected SLB Eligible AIC Lines | TV 2017/2018 Projected MBLB Eligible AIC Lines | 2017-2018 Res - Tariff Period Projected CROL Lines | 2017-2018 Res - Imputed AIC Revenue From CROL Lines | 2017-2018 Res - Revenue From CROL Lines | 2017-2018 SLB - Tariff Period Projected CROL Lines | 2017-2018 SLB - Imputed AIC Revenue From CROL Lines | 2017-2018 SLB - Revenue From CROL Lines | 2017-2018 MBLB - Tariff Period Projected CROL Lines |
| 1,208,240 | 74,628 | 5,004 | 18,048 | 10,788 | 4,128 | 0 | 234 | 2,808 | 0 | 2,676 | 10,704 | 0 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|--|--------|--|---------|---|--------|---|---|--|--------|--|--------|------------------------------|---|--|---|---|---|--|---------|---|---------|---|-------|
| 2017-2018 MLB - Imputed ARC Revenue From CBOL Lines | 761,932 | 2017-2018 MLB- Revenue From CBOL Lines | 99,098 | TY 2018-2019 Total Eligible Recovery After True-Up Including Otherwise Unrecoverable True-Up Revenue | 556,565 | TY 2018-2019 Interstate Eligible Recovery (After True-Up) | 82,124 | TY 2018-2019 Intrastate Eligible Recovery (After True-Up) | 0 | TY 2018-2019 Net Recp. Comp. Eligible Recovery (After True-Up) | 26,936 | TY 2018-2019 Total of Exogenous Cost Incements | -2,892 | ARC True-Up for TY 2016-2017 | 0 | Imputed ARC Revenue From CBOL Lines True Up For TY 2016-2017 | 0 | Total of Exogenous Cost True-Ups for TY 2016-2017 | 0 | TY 2016-2017 Otherwise Unrecoverable True-Up Revenue | 105,600 | TY 2018-2019 Double Recovery Adjustment | 105,600 | TY 2018-2019 Expected Maximum ARC Revenue | 3,838 |
|---|---------|--|--------|--|---------|---|--------|---|---|--|--------|--|--------|------------------------------|---|--|---|---|---|--|---------|---|---------|---|-------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|---|---|--|-------|--|--------|--|--------|--|---|--|--------|---|---|---|-----------|--|---------|--|---------|--|--------|--|---|------------------------------|--------|
| TY 2018-2019 Expected ARC Revenues Assessed Per 51.917(6) And Imputed Per 51.917(6)(2) | 552,294 | TY 2018-2019 Expected Imputed ARC Revenue From Projected CBOL Lines Per 51.917(6)(4), After 51.917(6)(5) Limit | 0 | TY 2018-2019 Expected CAE ICC Support After ARC Imputation For CBOL Lines | 6,600 | TY 2018-2019 Projected Res Eligible ARC Lines | 17,160 | TY 2018-2019 Projected SIB Eligible ARC Lines | 16,262 | TY 2018-2019 Projected MIB Eligible ARC Lines | 0 | TY 2018-2019 Total Projected CBOL Line Demand | 16,262 | TY 2018-2019 Total Revenue From CBOL Lines | 0 | TY 2019-2020 Total Eligible Recovery After True-Up Including Otherwise Unrecoverable True-Up Revenue | 1,045,182 | TY 2019-2020 Intrastate Eligible Recovery (After True-Up) | 100,055 | TY 2019-2020 Intrastate Eligible Recovery (After True-Up) | 857,972 | TY 2019-2020 Net Recip. Comp. Eligible Recovery (After True-Up) | 79,018 | TY 2019-2020 Total of Exogenous Cost Increments | 0 | ARC True-Up for TY 2017-2018 | -1,170 |
|---|---------|---|---|--|-------|--|--------|--|--------|--|---|--|--------|---|---|---|-----------|--|---------|--|---------|--|--------|--|---|------------------------------|--------|

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|--|--------|---|---|--|---|---|---|---|---------|---|---------|--|-------|---|---------|---|---|---|-------|---|--------|---|-------|--|---------|
| Imputed ARC Revenue From CBOI Lines True Up For TY 2017-2018 | 10,306 | Total of Exogenous Cost True-Ups for TY 2017-2018 | 0 | TY 2017-2018 Otherwise Unrecoverable True-Up Revenue | 0 | TY 2019-2020 Double Recovery Adjustment | 0 | TY 2019-2020 Expected Maximum ARC Revenue | 103,923 | TY 2019-2020 Expected ARC Revenues Assessed Per \$1,917(f)(2) Imputed Per \$1,917(f)(2) | 103,923 | TY 2019-2020 Expected Imputed ARC Revenue From Projected CBOI Lines Per \$1,917(f)(1), After \$1,917(f)(5) Limit | 1,866 | TY 2019-2020 Expected CAF ICC Support After ARC Imputation For CBOI Lines | 999,393 | TY 2019-2020 Projected Res Eligible ARC Lines | 0 | TY 2019-2020 Projected SLB Eligible ARC Lines | 6,001 | TY 2019-2020 Projected MLB Eligible ARC Lines | 14,320 | TY 2019-2020 Total Projected CBOI Line Demand | 7,869 | TY 2019-2020 Total Revenue From CBOI Lines | 330,498 |
|--|--------|---|---|--|---|---|---|---|---------|---|---------|--|-------|---|---------|---|---|---|-------|---|--------|---|-------|--|---------|

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) Moss Adams LLP 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 are accurate.

Name of Authorized Agent Moss Adams LLP

Name of Reporting Carrier Mid-Rivers Telephone Cooperative, Inc.

Signature of Authorized Officer  Date May 28, 2019

Printed name of Authorized Officer Dennis Green

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (406) 485-3301 ext.

| | | | |
|--------------------------------------|---------------|---|-------------------|
| Study Area Code of Reporting Carrier | <u>482246</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>06/17/2019</u> |
|--------------------------------------|---------------|---|-------------------|

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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

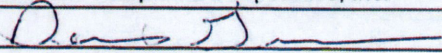
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

| | | | | | |
|--|--------|---|------------|--|--------------|
| Name of Reporting Carrier | | | | Mid-Rivers Telephone Cooperative, Inc. | |
| Signature of authorized officer | |  | | Date | May 28, 2019 |
| Printed name of authorized officer | | Dennis Green | | | |
| Title or position of authorized officer | | President | | | |
| Telephone number of authorized officer: | | (406) 485-3301 | | | |
| Study Area Code of Reporting Carrier | 482246 | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | | |
| 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

| | | | | | |
|--|--------|---|------------|--|--------------|
| Name of Reporting Carrier | | | | Mid-Rivers Telephone Cooperative, Inc. | |
| Signature of authorized officer | |  | | Date | May 28, 2019 |
| Printed name of authorized officer | | Dennis Green | | | |
| Title or position of authorized officer | | President | | | |
| Telephone number of authorized officer: | | (406) 485-3301 | | | |
| Study Area Code of Reporting Carrier | 482246 | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | | |
| 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 REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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.

| | | | | | | | |
|--|--|--------|---|---|--|--------------|--|
| Name of Reporting Carrier | | | | Mid-Rivers Telephone Cooperative, Inc. | | | |
| Signature of Authorized Officer | | |  | | | | |
| | | | | Date | | May 28, 2019 | |
| Printed name of Authorized Officer | | | | Dennis Green | | | |
| Title or position of Authorized Officer | | | | President | | | |
| Telephone number of Authorized Officer: | | | | (406) 485-3301 ext. | | | |
| Study Area Code of Reporting Carrier | | 482246 | | Filing Due Date for this form (mm/dd/yyyy) | | 06/17/2019 | |
| 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. | | | | | | | |