

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 11, 2020

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
2020 CAF ICC Data and Certifications

Enclosed for filing is an original and two copies of Mid-Rivers Telephone Cooperative, Inc.'s 2020 CAF ICC Data and Certifications.

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

Thank you,



Michael Candelaria
General Manager/CEO

Enclosures

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PU-20-42 Filed: 6/15/2020 Pages: 5
Copy of FCC 47CFR Section 54.304 CAF ICC Annual
Support Data - redacted

Mid-Rivers Telephone Cooperative, Inc.

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-Rives Telephone Cooperative, Inc.

Signature of Authorized Officer *Dennis Green* Date May 26, 2020

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>06/16/2020</u>
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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-Rives Telephone Cooperative, Inc.

Signature of authorized officer *Dennis Green* Date May 26, 2020

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) 06/16/2020

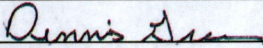
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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-Rives Telephone Cooperative, Inc.

Signature of authorized officer  Date May 26, 2020

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)	06/16/2020
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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-Rives Telephone Cooperative, Inc.**

Signature of Authorized Officer *Dennis Green*

Date **May 26, 2020**

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)

06/16/2020

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