



Missouri Valley

Communications, INC.

TOTAL TELECOMMUNICATIONS

June 10, 2022

Darrell Nitschke, Executive Secretary
North Dakota Public Service Commission
600 E Boulevard Dept. 408
Bismarck, ND 58505-0480

RE: WC Docket No. 10-90: Administration of Connect America Fund Intercarrier Compensation Replacement §54.304(d)(1).

Dear Mr. Nitschke,

Pursuant to 47 C.F.R. §54.304(d)(1) of the Federal Communications Commission's rules, enclosed please find the projected eligibility for CAF ICC funding for July 1, 2022 through June 30, 2023 for Nemont Telephone Cooperative, Inc. – ND / Missouri Valley Communications, Inc., Study Area Code 382247. This projection includes any true-ups associated with earlier filing periods. This projection has also been filed with the Federal Communications Commission and the Universal Service Administrative Company, as the administrator of the Federal Universal Service Fund.

An electronic version of this filing has also been submitted via the North Dakota Public Service Commission's website at ndpsc@nd.gov.

Should you have any questions regarding this filing, please contact me via electronic mail at barrowsconsulting@gmail.com or by telephone at 406-449-3214.

Sincerely,

Sandra Barrows

Sandra Barrows
Regulatory Consultant for
Nemont Telephone Cooperative, Inc. – ND
Missouri Valley Communications, Inc.

Enclosures

3 PU-22-44 Filed 06/10/2022 Pages: 7
Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data
Nemont Telephone Cooperative, Inc.

CONFIDENTIAL**2022 CAF ICC Data Submission****Study Area: NEMONT TEL COOP - ND (ID: 382247)**

CONNECT AMERICA FUND
Data provided to USAC/FCC in June 2022 for CAF ICC Purposes

Test Period 7/1/22-6/30/23 Post True-up		
Rate-of-Return (ROR) Carrier Revenue Requirement		
1	2011 Interstate Switched Access Revenue Requirement	305,905
2	FY 2011 Intrastate Terminating Switched Access Revenues	234,443
3	FY 2011 Net Reciprocal Compensation Revenues	207,698
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	748,046
5	ROR Carrier Baseline Adjustment Factor (0.95 ^11)	0.568800
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	425,489
7	Pool Administration Expenses	-
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	425,489
Revenues from Reformed Inter-carrier Compensation (ICC Rates)		
9	Interstate Switched Access Revenues	47,297
10	Interstate Allocated Switched Access Revenues	47,297
11	Transitional Intrastate Access Service Revenues	5,528
12	Net Transitional Reciprocal Compensation Revenues	-
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	52,824
Eligible Recovery		
14	TRS Increment	-
15	Regulatory Fees Increment	-
16	NANPA Increment	-
17	Interstate Local Switching Support for Price Cap Affiliates	-
18	Adjustment for Double Recovery or Corrections	(6,239)
19	Test Period 20/21 True Up - Net impact on Total Eligible Recovery	35,978
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	402,403
Revenues from Access Recovery Charges (ARC)		
21	Residential ARC Revenues	58,694
22	Single Line Business ARC Revenues	11,865
23	Multi-Line Business ARC Revenues	78,212
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	148,770
Connect America Fund (CAF) ICC Support (Line 20 - Line 24) **		
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	253,633
Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops		
26	ARC Revenue Adjustment	9,189
27	Adjusted Test Period 2022-2023 CAFICC Support (Line 25 - Line 26)	244,444

NOTES:

** Estimate provided for informational purposes only - actual to be calculated by USAC.

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 Agent: Moss Adams LLP

Address: _____

Name of Officer: Dionne Jiskera Title: _____

Address: _____

Address: _____

Address: _____

City/State/Zip: _____	Effective Date: <u>06/16/2022</u>
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I hereby certify that the information provided in this form is true and correct to the best of my knowledge and belief.

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

Signature of Authorized Officer

Dione Miskens

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: () - - , ext. - - - - -

Study Area Code of Reporting Carrier

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

06/16/2022

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

Signature of authorized officer *Dione Miskens*

Date

Printed name of authorized officer

Title or position of authorized officer

Telephone number of authorized officer: () - , ext.

Study Area Code of Reporting Carrier

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

06/16/2022

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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).

Carrier Name (Print):

Carrier Name (Print): *Dionne Minkens*

Office:

Carrier Address (Print):

Carrier Address (Print):

Carrier Phone (Print): ~~XXXXXXXXXXXXXXXXXXXX~~

Carrier Email (Print):

Carrier Name (Print): *Q&A*

06/16/2022

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