



Missouri Valley

Communications, INC.

TOTAL TELECOMMUNICATIONS

June 9, 2023

Steve Kahl, 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. Kahl,

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, 2023 through June 30, 2024 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](mailto:ndpsc@nd.gov).

Should you have any questions regarding this filing, please contact me via electronic mail at [alexis.stahl@nemont.coop](mailto:alexis.stahl@nemont.coop) or by telephone at 406-228-3136.

Sincerely,

Alexis Stahl  
Regulatory Compliance Coordinator for  
Nemont Telephone Cooperative, Inc. – ND  
Missouri Valley Communications, Inc.

Enclosures

**CONFIDENTIAL****2023 CAF ICC Data Submission****Study Area: NEMONT TEL COOP - ND (ID: 382247)**

**CONNECT AMERICA FUND**  
Data provided to USAC/FCC in June 2023 for CAF ICC Purposes

Test Period 7/1/23-6/30/24 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 ^12)	0.540360
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	404,214
7	Pool Administration Expenses	-
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	<b>404,214</b>
Revenues from Reformed Intercarrier Compensation (ICC Rates)		
9	Interstate Switched Access Revenues	33,707
10	Interstate Allocated Switched Access Revenues	33,707
11	Transitional Intrastate Access Service Revenues	16,583
12	Net Transitional Reciprocal Compensation Revenues	-
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	<b>50,290</b>
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	(5,927)
19	Test Period 21/22 True Up - Net impact on Total Eligible Recovery	(11,905)
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	<b>336,092</b>
Revenues from Access Recovery Charges (ARC)		
21	Residential ARC Revenues	49,488
22	Single Line Business ARC Revenues	11,835
23	Multi-Line Business ARC Revenues	83,023
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	<b>144,347</b>
Connect America Fund (CAF) ICC Support (Line 20 - Line 24) **		
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	191,746
Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops		
26	ARC Revenue Adjustment	31,909
27	<b>Adjusted Test Period 2023-2024 CAFICC Support (Line 25 - Line 26)</b>	<b>159,837</b>

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: \_\_\_\_\_

Signature: Dione Miskens Title: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Carrier Name: _____	Effective Date: _____	Expiration Date: 06/16/2023
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I hereby certify that the information provided 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

*Dion 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)

06/16/2023

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 Miskera*

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)

06/16/2023

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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 Jenkins*

Office:

Carrier Address (Print):

Carrier Address (Print):

Carrier Phone (Print): ~~XXXXXXXXXXXXXXXXXXXX~~

Carrier Email (Print):

Carrier Name (Print): *Q&A*

06/16/2023

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