

## West River Cooperative Telephone Co.

801 Coleman Ave.

e. P. O. Box 39

Bison, SD 57620

June 29, 2012

RECEIVED

JUL 0 2 2012 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

South Dakota Public Utilities Commission 500 East Capitol Avenue Pierre, SD 57501-5070

RE: Certifications and Data Supporting for CAF, ICC and ARC Filings

Dear Sirs:

Please find enclosed our Certifications and Supporting Data for our CAF, ICC and ARC filings.

Please contact me if you have any questions.

Sincerely,

Colgan Huber, Director of Finance

Attachment

Rate Floor Template

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JUL 0 2 2012 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Certification c	of Officer as to	the Accura	acy of the Data Report	ed for the Rate Flo	or Data
I certify that I am an officer of the r reported ; and, to the best of my kr	reporting carrier; rowledge, the inf	my respons ormation rep	ibilities include ensuring t ported on this form is accu	he accuracy of the ac rate.	tual rate floor data
Name of Reporting Carrier West River	Cooperative	Telephon	e Company		
signature of authorized officer 42 <	PN	Inni			Date 6/7/12
	- Reisenaue				
	eral Manager				
	05) 244-5213	ext.			
Sludy Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	7/1/2012	1
I certify that our company receives or is as defined) tess than \$10.	projected to receive H	ligh Cost Loop 8	Support or High Cost Model Supp	ort in 2012 and has no mor	nthty residential rates (plus charges

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Offi	cer to Authorize	e an Agent t	o File Rate Floor Data	i on Behalf of R	eporting Carrier
certify that National Exchar	nge Carrier Associa	ation (NECA)		1_	n martha a dan ad dan a sa ta sa ta
the information reported on p include ensuring the accuracy	ehalf of the report v of the actual rate	ing carrier. I a floor data pr	iso certify that I am an of ovided to the authorized (	ficer of the report	s authorized to supmit ling carrier; my responsibilities best of my knowledge, the
actual rate floor data provided	to the authorized	l agent is accu	irate.	Spurt and to me "	Jest of my knowledge, the
l certify that I am authorized to the information reported herei reported herein is accurate.	o submit the inform in based on data p	nation reporte rovided by the	d on this form on behalf a reporting carrier; and to	of the reporting ce , the best of my kr	irrier; that I have provided lowledge the information
Name of Authonized Agent National Ex	xchange Carrier A:	ssociation (NF	ECA)		
Name of Reporting Carrier West Rive	er Cooperative	a Telephon	e Company		
Signature of authorized officer	2401	( in	krau		Date 6/7/12
Printed name of authorized officer Verry	P. Reisenaue	ir			
Title or position of authorized officer Gen	ieral Manager				
Telephone number of authorized officer: (6	605) 244-5213	ext.			
Study Area Code of Reporting Carrier	391689		ling Due Date for this form 1m/dd/yyyy)	7/1/2012	
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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: WEST R	VER COOP							
Jerry I	Reisenauer	Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer,email≈jreisenauer@sdplains.com,O=west river coop,I≕Bison SD 57620, Date:5/23/2012						
Signature of Authorized Officer:		Date: 5/23/2012						
Printed name of Authorized Officer:	Jerry Reisenauer							
Title or position of Authorized Officer:	General Manager							
Telephone number of Authorized Officer:	605-244-5213			i				
Study Area Code of Reporting Carrier	391689	Filing Due Date for this form (mm/dd/yyyy)	6/18/2012					
		n be punished by fine or forfeiture under the ent under Title 18 of the United States Code,		4, 47 U.S.C.				

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#### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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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: WEST RI	/ER COOP							
Digitally signed by Jerry Reisenauer DN:cn=Jerry   Jerry Reisenauer Reisenauer,email=jreisenauer@sdplains.com,0=west river   Signature of Authorized Officer or employee: Digitally signed by Jerry Reisenauer@sdplains.com,0=west river								
Printed name of Authorized Officer or employee: Jerry Reisenauer								
Title or position of Authorized Officer or employee: General Manager								
Telephone number of Authorized Officer or employee: 605-244-5213								
Study Area Code of Reporting Carrier	391689		Due Date for this form	6/18/2012				
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.								

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery							
I certify that I am an officer of the reporting carri recovery in the state jurisdiction for any Eligible							
Name of Reporting Carrier: WEST RI	/ER COOP			· · · · ·			
WEST KI	Jerry Reis		Digitally signed by Jerry Reiser Reisenauer,email=jreisenauer(				
Signature of Authorized Officer or employee:	Date: 5/23/2012						
Printed name of Authorized Officer or employe	ee:	Jerry Reisen	auer				
Title or position of Authorized Officer or emplo	yee:	General M	anager				
Telephone number of Authorized Officer or er	nployee:	605-244-52	213				
Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/18/2012			
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.							

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### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

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Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier							
I certify that (Name of Agent) National Exchange Carriers Association, Inc. 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 knwoledge, the actual data provided to the Authorized Agent is accurate.							
Name of Authorized Agent :	National Exch	ange Carriers	Association,	nc.			
Name of Reporting Carrier:	WEST RIVER	COOP					
Signature of Authorized Officer:	Jerry Reisenauer			Reisenauer, email=jreisenauer	Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer,email=jreisenauer@sdplains.com,O=west river coop,I=Bison SD 57620, Date:5/23/2012		
Printed name of Authorized Officer	:		Jerry Reisen	Buer			
Title or position of Authorized Offic	er:		General M	anager			
Telephone number of authorized o	fficer:		605-244-52	113			
Study Area Code of Reporting Car	rier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/18/2012		
			-	ished by fine or forfeiture under the r Title 18 of the United States Code,	-	47 U.S.C.	

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