

June 18, 2013

Patricia Van Gerpen, Executive Director South Dakota Public Utilities Commission 500 East Capital Avenue Pierre, SD 57501

RE: City of Faith Municipal Tel. Co. (Faith) 47 C.F.R 54.313 (h)

Dear Ms. Van Gerpen

Pursuant to 47 C.F.R. 54.313 (i) attached for electronic informational filing with the South Dakota Public Utilities Commission is Faith's 2013 Local Rate Floor Data Collection required by 47 C.F.R. 54.313(h).

The Exchange Level Data for the Local Rate Floor and associated certifications are being filed by NECA with USAC for use in determining adjustments to high cost loop support.

If you have any questions in reference to this filing please contact me.

Sincerely

Consortia Consulting

By:

Marlene Bennett

Enclosures

CC: Debbie Brown

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

Certification of Office	er to Authoriza	an Agent to File Rate Floor Data	on Rehalf of R	enorting Carrier
I certify that National Exchan the information reported on be include ensuring the accuracy actual rate floor data provided	on Carrier Associa half of the report of the actual rate to the authorized		is cer of the report ent; and, to the i	authorized to submit ing carrier, my responsibilities best of my knowledge, the
Name of Authorized Agent National Ex	hange Carrier A	ssociation (NECA)		
Name of Reporting Carrier City of Fai	th Municipal T	el. Co.		
Signature of authorized officer	Hie Bus	Hui		Date 6-12-13
Printed name of authorized officer Debb	e Brown			
Title or position of authorized officer Final	nce Officer		e	
Telephone number of authorized officer: (6	05) 967-2261	ext.		
Study Area Code of Reporting Carrier	391653	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	
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Certification	of Officer as to	the Accuracy of the Data Reporte	d for the Rate F	loor Data	
		my responsibilities include ensuring th ormation reported on this form is accur		actual rate floor data	
Name of Reporting Carrier City of Fair	th Municipal Te	il. Co.			
Signature of authorized officer Run	bie Brown	<u> </u>		Date 6-12-13	.,
	ie Brown				
	ance Officer				
Telephone number of authorized officer: (6	605), 967-2261,	ext.			
Study Area Code of Reporting Carrier	391653	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	en e	
t certify that our company receives or is as defined) less than \$14.	s projected to receive Hi	gh Cost Loop Support or High Cost Model Suppor	t in 2013 and has no m	ionthly residential rates (plus charg	es

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW#	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	391653
2	Carrier Study Area Name	alpha characters	CITY OF FAITH MUNICIPAL TEL CO
3	Service Provider Identification Number	9 numeric digits	143002230
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Brown, Debbie
6	Contact Telephone Number (include area code)	9 numeric digits	605-967-2261
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Manditory Extended Area Service Charge	Column 5 Loops
9					