

Via Electronic Filing

June 26, 2013

Ms. Patricia Van Gerpen Executive Director South Dakota Public Utilities Commission State of South Dakota 500 East Capitol Avenue Pierre, SD 57501-5070

RE:

FCC - WC Docket No. 10-90

FCC ETC Reporting Requirements - 47 C.F.R. Section 54.313 (h)

Dear Ms. Van Gerpen:

In accordance with 47 C.F.R. Section 54.313(h), annual ETC reporting requirements for high-cost recipients, James Valley Telecommunication hereby submits the following information as specified in Order DA 13-1348 released on June 10, 2013.

If you have any questions or comments, please do not hesitate to contact me at (800) 556-6525.

Sincerely,

James Groft

General Manager

James Valley Telecommunications

Enclosures

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	391664
2	Carrier Study Area Name	alpha characters	JAMES VALLEY COOPERATIVE TELEPHONE COMPAN
3	Service Provider Identification Number	9 numeric digits	143002236
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/13
5	Contact Name	alpha characters	Berndt, Tanya M
6	Contact Telephone Number (include area code)	9 numeric digits	605-397-2323
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					

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

Certification of Officer to	Authorize an	n Agent to File Rate Floor Data on B	ehalf of Report	ing Carrier	
actual rate floor data provided I certify that I am authorized to	effalt of the repor of the actual rat to the authorize submit the info	rting carrier. I also certify that I am an off te floor data provided to the authorized as	ncer of the reporting ent; and, to the k	arrier: that I have pro	onsibilities je, the ovided
Name of Authorized Agent National Exc Name of Reporting Carrier James Val		Association (NECA)			**************************************
Signature of authorized officer	wid L	Int		Date 6/3/1	3
Printed name of authorized officer James	s Groft	· V	•	′ ′	ı
Title or position of authorized officer CEO)				
Telephone number of authorized officer: 60	53972323	, ext,			
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013		

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier James	alley Cooperatiy	e Telephone Company		
Signature of authorized officer	ames 1	ult		Date 6/3/13
Printed name of authorized officer Jain	es Groft	V		
Title or position of authorized officer	0			
Telephone number of authorized officer: (053972323	ext.		periodic contract to a feet many and a feet ma
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	7/1/2013	

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