



Local Rate Floor Data Collection

Logged in User: Paul Nesenson



Study Area: WEST RIVER COOP (ID: 391689)

[Study Area List](#)

Study Area - Exchange Level Data for Local Rate Floor

[Data Entry](#) [History](#)

[Instructions](#)

[Agent HC RF Cert Form](#)

[Carrier HC RF Cert Form \(No Rates Less Than \\$14\)](#)

[Carrier HC RF Cert Form \(With Rates Less Than \\$14\)](#)

[Print Submitted Data in PDF format](#)

[Print Submitted Data in Excel format](#)

Data Collection Period:

Name: [First Middle Last]

 Phone: [999-999-9999]
 Email:

Enter all exchange/rate zone level rates and their corresponding lines below, where the sum of columns C-F is less than \$14.
 This data will be used to calculate the impact of the local rate floor on your company's High Cost Support.

This system is closed for data collection for this period

(A) Exchange Name/ Zone Name	(B) Class Of Service	(C) Residential Local Service Charge	(D) State Subscriber Line Charge	(E) State Universal Service Fee	(F) Mandatory Extended Area Service Charge	(G) Rate Total Subject to Floor (Sum of C-F)	(H) Residential Lines excluding Lifelines
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[To enter additional rows of data, click on the + button.]

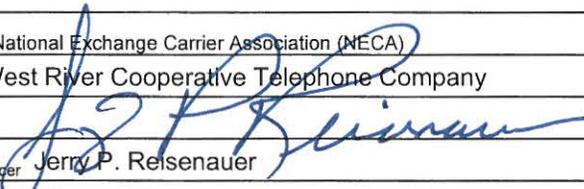
If the data form is left blank, select one of the boxes below:

- Check here if your company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013, but has no monthly residential rates (plus charges listed above) less than \$14 (**certification required**)
- Check here if your company is not projected to receive High Cost Loop Support or High Cost Model Support in 2013
- Check here if you plan to submit local rate floor data directly to USAC

[Study Area List](#)

Rate Floor Data

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

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> 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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>West River Cooperative Telephone Company</u>			
Signature of authorized officer 			Date <u>June 5, 2013</u>
Printed name of authorized officer <u>Jerry P. Reisenauer</u>			
Title or position of authorized officer <u>General Manager</u>			
Telephone number of authorized officer: <u>(605) 244-5213</u> ext. _____			
Study Area Code of Reporting Carrier	<u>391689</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2013</u>

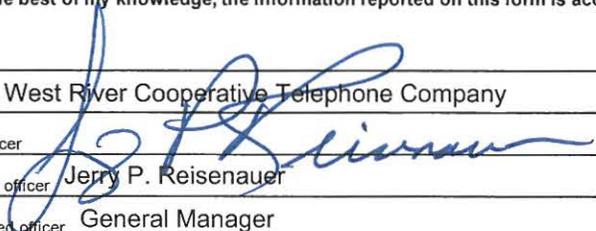
Rate Floor Template

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 West River Cooperative Telephone Company

Signature of authorized officer



Date June 5, 2013

Printed name of authorized officer Jerry P. Reisenauer

Title or position of authorized officer General Manager

Telephone number of authorized officer: (605) 244-5213, ext.

Study Area Code of Reporting Carrier

391689

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

7/1/2013



I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2013 and has no monthly residential rates (plus charges as defined) less than \$14.

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 RIVER COOP

Signature of Authorized Officer: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer, email=jreisenauer@sdplains.com, O=west river coop, l=Bison SD 57620, Date:5/22/2013

Date: 5/22/2013

Printed name of Authorized Officer: Jerry Reisenauer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 605-244-5213

Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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) 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 knowledge, the actual data provided to the Authorized Agent is accurate.

Name of Authorized Agent : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: WEST RIVER COOP

Signature of Authorized Officer: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer,email=jreisenauer@sdplains.com,O=west river coop,l=Bison SD 57620, Date:5/22/2013

Date: 5/22/2013

Printed name of Authorized Officer: Jerry Reisenauer

Title or position of Authorized Officer: General Manager

Telephone number of authorized officer: 605-244-5213

Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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).

Name of Reporting Carrier: WEST RIVER COOP

Signature of Authorized Officer or employee: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer,email=jreisenauer@sdplains.com,O=west river coop,I=Bison SD 57620, Date:5/22/2013

Date: 5/22/2013

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

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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, the 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: WEST RIVER COOP

Signature of Authorized Officer or employee: **Jerry Reisenauer**

Digitally signed by Jerry Reisenauer DN:cn=Jerry Reisenauer,email=jreisenauer@sdplains.com,O=west river coop,I=Bison SD 57620, Date:5/22/2013

Date: 5/22/2013

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

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