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June 17, 2013

Ms. Patricia Van Gerpen
Executive Director
Public Utilities Commission
500 East Capitol Avenue
Pierre SD 57501-5070

Dear Ms. Van Gerpen:

The attached non-docketed information is being submitted by West River Telecommunications Cooperative pursuant to F.C.C. Section 54.304.

Please note that pages 5-7 are confidential information and are so marked.

Please contact me if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Beverly Huber'.

Beverly Huber
Accounting Manager

lmb

Enclosures

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(MOBRIDGE)

Bonnie Krause

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/23/2013

Date: 5/23/2013

Signature of Authorized Officer:

Printed name of Authorized Officer: Bonnie Krause

Title or position of Authorized Officer: CEO/GM

Telephone number of Authorized Officer: 701-748-4221

Study Area Code of Reporting Carrier

391671

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

6/17/2013

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 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(MOBRIDGE)

Signature of Authorized Officer or employee:

Bonnie Krause

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/23/2013

Date: 5/23/2013

Printed name of Authorized Officer or employee: Bonnie Krause

Title or position of Authorized Officer or employee: CEO/GM

Telephone number of Authorized Officer or employee: 701-748-4221

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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(MOBRIDGE)

Signature of Authorized Officer or employee: **Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),l=Hazen ND 58545-0467, Date:5/23/2013

Date: 5/23/2013

Printed name of Authorized Officer or employee: Bonnie Krause

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