June 18, 2014

Patty VanGerpen, Executive Director South Dakota Public Utilities Commission Capitol Building, 1st floor 500 E. Capitol Ave. Pierre, SD 57501-5070

Re: 47 C.F.R. §54.313(h)

Dear Ms. VanGerpen,

Please find enclosed our Rate Floor information and certification submitted in accordance with 47 CFR § 54.313(h). If you have any questions, please feel free to contact me at 402-632-4321.

Yours truly,

NORTHEAST NEBRASKA TELEPHONE COMPANY

Patrick McElroy

Assistant General Manager

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	371576
2	Carrier Study Area Name	alpha characters	NORTHEAST NEBRASKA TELEPHONE COMPANY
. 3	Service Provider Identification Number	9 numeric digits	143002736
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/14
5	Contact Name	alpha characters	Arens, Alyssa
6	Contact Telephone Number (include area code)	9 numeric digits	402-632-4321
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	17.50	0.00	1.22	0.00	3,045
10	17.50	0.00	1.25	0.50	494
11	17.50	0.00	1.27	0.75	847
12	17.50	0.00	1.29	1.00	255

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 Northeas	1 Nebraska Tel	ephone Company		
Signature of authorized officer	Date 6-17-14			
Printed name of authorized officer Dav	vid Armstrong			
Title or position of authorized officer Pro	esident			
Telephone number of authorized officer:	(402) 632-4321	ext		
Study Area Code of Reporting Carrier	371576	Filing Due Date for this form (mm/dd/yyyy)	07/01/2014	