

June 23, 2014

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

RE: Fort Randall Telephone (Ft Randall) 47 C.F.R 54.313 (h)

Dear Ms. Van Gerpen

Attached for electronic informational filing with the South Dakota Public Utilities Commission (Commission) is Ft Randall's Local Rate Floor data, pursuant to the FCC's rule 54.313 (h).

Attached is the Confidential Rate Floor form as submitted to NECA and the two associated certifications.

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

Sincerely

Consortia Consulting

By:

Marlene Bennett

Enclosures

CC: Mark Aaberg





| Certification of | of Officer as to ti | he Accuracy of the Data Reported | d for the Rate Floo | r Data |
|--------------------------------------|--------------------------------------|---|---------------------|---------------------|
| | | ny responsibilities include ensuring the rmation reported on this form is accur. | | ual rate floor data |
| Name of Reporting Carrier Fort Randa | ll Telephone | | | |
| Signature of authorized officer | | Date 6/12/2014 | | |
| | Hanson | 4 | | |
| | surer | | | |
| | 20), 847 <u>-</u> 7103 _{.e} | | | |
| Study Area Code of Reporting Carrier | 391660 | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2014 | |
| | | | | |

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

| Certification of Off | icer to Authorize an | Agent to File Rate Floor Data | on Behalf of Re | eporting Carrier |
|---|---|--|--|---|
| I certify that <u>National Excha</u> the information reported on b include ensuring the accurac actual rate floor data provide | nge Carrier Association (behalf of the reporting c by of the actual rate floo d to the authorized age | NECAI arrier. Talso certify that I am an off r data provided to the authorized a <u>c</u> nt is accurate. | is iscer of the report jent; and, to the b | authorized to submit ing carrier; my responsibilities sest of my knowledge, the |
| I certify that I am authorized the information reported here reported herein is accurate. | to submit the informatic ain based on data provid | n reported on this form on behalf o ded by the reporting carrier; and to | f the reporting ca the best of my kr | arrier; that I have provided nowledge the information |
| me of Authorized Agent National E | xchange Carrier Assoc | iation (NECA) | | |
| me of Reporting Carrier Ft Randa | II Telephone | | | |
| gnature of authorized officer | Durt | Ann | | _{Date} 06/12/2014 |
| nted name of authorized officer Bruc | e Hanson | | | |
| le or position of authorized officer | asurer | | | |
| lephone number of authorized officer: | 320) 847-7103 _{ext.} | | | |
| udy Area Code of Reporting Carrier | 391660 | Filing Due Date for this form (mm/dd/yyyy) | 07/01//2014 | |