



Via Electronic Filing

June 11, 2014

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

RE: Annual Reporting Requirement - Pursuant to 47 CFR Section 54.304

Dear Ms. Van Gerpen:

This letter and the attachments are being filed to certify that Santel Communications Cooperative (“Company”) has met the reporting requirements of 47 C.F.R. §54.304 and other FCC rules (including, but not limited to 47 C.F.R §51.917) and related requirements in the Federal Communications Commission’s (“FCC”), November 18, 2011, USF-ICC Reform/Transformation Order (“USF-ICC”).

The Company certifies in this filing that it is eligible to receive and has elected to receive CAF/ICC Recovery; however the Company is not seeking duplicative recovery. The Company has already, via NECA, certified its eligibility and election decision to the FCC and USAC, however it is submitting this letter and the attachments to the South Dakota Public Utilities Commission (SDPUC) in compliance with the FCC Requirements.

Attached are copies of the certifications regarding CAF that have been filed with the proper authorities and are being submitted to the SDPUC for our compliance file regarding the Company.

The Company also is providing confidential information that NECA filed on the Company’s behalf to the proper agencies. The Company requests confidential treatment of this documentation which has been labeled accordingly. The page contains proprietary and confidential information of the Company and should be treated as such. The Company considers the information contained in Confidential NECA CAF Filing to be highly proprietary and confidential. Accordingly, pursuant to ARSD 20:10:01:39 (4) and SDCL 37-29-1 (4), the Company requests that Confidential NECA CAF Filing be treated as confidential for as long as the information is held by the Commission.

SANTEL COMMUNICATIONS
PO Box 67
Woonsocket, SD 57385



1-888-978-7777
Fax: 605-796-4419
www.santel.net

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The Company will provide additional information, if requested, by the SDPUC. If there are any questions or additional information needed regarding this filing, please contact me at (605) 796-4411.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ryan Thompson". The signature is fluid and cursive, with the first name "Ryan" and last name "Thompson" clearly distinguishable.

Ryan Thompson
General Manager/CEO

Enclosures

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: **SANTEL COMM. COOP.**

Signature of Authorized Officer or employee: **Ryan Thompson**

Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.net,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Ryan Thompson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-796-8143**

Study Area Code of Reporting Carrier

391676

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

6/16/2014

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: **SANTEL COMM. COOP.**

Signature of Authorized Officer or employee: **Ryan Thompson**
Digitally signed by Ryan Thompson DN:cn=Ryan Thompson, email=rthompson@santel.net, O=santel comm. coop., l=Woonsocket SD 57385-0067, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Ryan Thompson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **605-796-8143**

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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) <u>National Exchange Carriers Association, Inc.</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 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 : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>SANTEL COMM. COOP.</u>					
Signature of Authorized Officer: <u>Ryan Thompson</u>				Digitally signed by Ryan Thompson DN:cn=Ryan Thompson, email=rthompson@santel.net, O=santel comm. coop., l=Woonsocket SD 57385-0067, Date:5/19/2014	
Date: <u>5/19/2014</u>					
Printed name of Authorized Officer: <u>Ryan Thompson</u>					
Title or position of Authorized Officer: <u>General Manager</u>					
Telephone number of authorized officer: <u>605-796-8143</u>					
Study Area Code of Reporting Carrier		<u>391676</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
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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: **SANTEL COMM. COOP.**

Signature of Authorized Officer: **Ryan Thompson**

Digitally signed by Ryan Thompson DN:cn=Ryan Thompson, email=rthompson@santel.net, O=santel comm. coop., =Woonsocket SD 57385-0067, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Ryan Thompson**

Title or position of Authorized Officer: **General Manager**

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Study Area Code of Reporting Carrier

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