

June 16, 2016

Patricia Van Gerpen  
Executive Director  
Public Utilities Commission  
500 E. Capital Ave.  
Pierre, SD 5750-5070

Re: Annual Reporting Requirements for High-Cost Recipients Pursuant to 47 C.F.R.  
§51.917(d)(vii),(e),(f) and 47 C.F.R. §54.304 (d)(1)

Dear Ms. Gerpen:

The Federal Communications Commission's (FCC) November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) requires carriers seeking recovery through the federal mechanisms established in the Order to make certain certifications to the FCC and to state commissions regarding their eligibility for, and their compliance with the rules applicable to such recovery.

Specifically, 47 C.F.R. §51.917(d)(vii), (e), (f) requires Rate of Return Carriers to certify annually to the FCC and to the relevant state commissions that the carrier is not seeking duplicative recovery in the state jurisdiction of any Eligible Recovery subject to the recovery mechanism. In compliance with that requirement, Red River Rural Telephone Association hereby states that it is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery, and as required by 47 C.F.R. §51.917(e)&(f) that has complied with all eligibility requirements and is eligible to receive the projected support requested. Included as Attachment A is a copy of the Officer Certifications filed with the FCC as part of the National Exchange Carrier Association (NECA) compliance filing.

The FCC's November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) also requires rate of return carriers seeking CAF/ICC support to file data establishing the amount of the rate of return carrier's eligible CAF/ICC funding per 47 C.F.R. §54.304 (d) (1). Included in Attachment B, is the projected Access Recovery Support and Connect America Fund Support as filed with the FCC under this Order.

Please contact the undersigned if you need further information.

Sincerely,



Thomas W. Campbell  
Telecommunications Consultant

Enclosures



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## Study Area: RED RIVER COMM. (ID: 381631)

### CONNECT AMERICA FUND

(Preliminary) Data to be provided to USAC/FCC in June 2016 for CAF ICC Purposes

**Current Settlement Type: Cost**

### Test Period 7/1/16-6/30/17 Post True-up (Filing)

#### View

<b>Rate-of-Return (ROR) Carrier Revenue Requirement</b>	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95 ^ 5)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
<b>Revenues from Reformed Inter-carrier Compensation (ICC) Rates</b>	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
<b>Eligible Recovery</b>	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 14/15 Trueup - Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)
<b>Revenues from Access Recovery Charges (ARC)</b>	
21	Residential ARC Revenues
22	Single Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
<b>Connect America Fund (CAF) ICC Support**</b>	
25	<b>Connect America Fund (CAF) ICC Support (Line 20 - Line 24)</b>

**NOTES:**

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants)

\*\*NECA estimate provided for informational purposes only - actual to be calculated by USAC.

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: RED RIVER COMM.

**Jeffrey Olson**

Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jefolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/17/2016

Date: 5/17/2016

Signature of Authorized Officer:

Printed name of Authorized Officer: Jeffrey Olson

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 701-553-8309

Study Area Code of Reporting Carrier

381631

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

6/16/2016

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) <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>RED RIVER COMM.</u>					
Signature of Authorized Officer: <u>Jeffrey Olson</u>				Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@redrivercomm.com,O=red river comm.,l=Abercrombie ND 58001, Date:5/17/2016	
Date: <u>5/17/2016</u>					
Printed name of Authorized Officer: <u>Jeffrey Olson</u>					
Title or position of Authorized Officer: <u>General Manager/CEO</u>					
Telephone number of authorized officer: <u>701-553-8309</u>					
Study Area Code of Reporting Carrier		<u>381631</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2016</u>
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.					

SO 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: **RED RIVER COMM.**

Signature of Authorized Officer or employee: **Jeffrey Olson**  
Digital Signature: Jeffrey Olson DN: cn=Jeffrey Olson, email=jeff@redrivercomm.com, o=Red River Comm, ou=Operations, c=ND 58001 Date: 5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Jeffrey Olson**

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

Telephone number of Authorized Officer or employee: **701-553-8309**

State Area Code of Reporting Carrier

**381631**

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

**6/16/2016**

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SO 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: **RED RIVER COMM.**

Signature of Authorized Officer or employee: **Jeffrey Olson**  
Digital Signature: Jeffrey Olson DN: cn=Jeffrey Olson, email=jeff@redrivercomm.com, o=Red River Comm, ou=General Manager, c=ND 58001 Date: 5/17/2016

Date: **5/17/2016**

Printed name of Authorized Officer or employee: **Jeffrey Olson**

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

Telephone number of Authorized Officer or employee: **701-553-8309**

State Area Code of Reporting Carrier

**381631**

Filing Due Date for this form  
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