

***Via Electronic Filing***

June 30, 2016

Ms. Patricia Van Gerpen  
South Dakota Public Utilities Commission  
State Capitol  
500 East Capitol Avenue  
Pierre, SD 57501-5070

Re: In the Matter of the a Compliance filing for Red River Rural Telephone Association d/b/a Red River Communications for Certification Regarding Its Local Rate Floor Certification Pursuant to 47 C.F.R. 54.313(h)(1)  
Docket No.:

Dear Ms. Van Gerpen:

Enclosed by e-filing please find the Request Compliance filing by Red River Rural Telephone Association d/b/a Red River Communications (the "Company").

The Company requests confidential treatment of Exhibits A which is submitted as a separate Confidential document pursuant to the requirements of ARSD § 20:10:01:41. This Exhibit contains financial information with independent economic value which is not generally known to, and not readily ascertainable to, competitors of the Company which could obtain economic value from disclosure. The Company maintains the information as secret. The Company requests that such information be maintained as confidential by the South Dakota Public Utilities Commission in perpetuity.

Very truly yours,

Tom Campbell  
Telecommunications Consultant

Enclosures  
cc: Jeff Olson

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	381631
2	Carrier Study Area Name	alpha characters	RED RIVER RURAL TEL. ASSN. DBA RED RIVER COM
3	Service Provider Identification Number	9 numeric digits	143002213
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/16
5	Contact Name	alpha characters	Olson, Jeffrey J
6	Contact Telephone Number (include area code)	9 numeric digits	701-553-8309
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 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	18.00	0.00	0.00	0.00		Abercrombie	FR
10	18.00	0.00	0.00	0.00		Abercrombie	Lifeline-FR
11	18.00	0.00	0.00	0.00		Barnsville	FR
12	18.00	0.00	0.00	0.00		Barnsville	Lifeline-FR
13	18.00	0.00	0.00	0.00		Colfax	FR
14	18.00	0.00	0.00	0.00		Colfax	Lifeline-FR
15	18.00	0.00	0.00	0.00		East Fairmount	FR
16	18.00	0.00	0.00	0.00		East Fairmount	Lifeline-FR
17	18.00	0.00	0.00	2.61		Fairmount	FR
18	18.00	0.00	0.00	2.61		Fairmount	Lifeline-FR
19	18.00	0.00	0.00	0.00		Great Bend	FR
20	18.00	0.00	0.00	0.00		Great Bend	Lifeline-FR
21	18.00	0.00	0.00	0.00		Hankinson	FR
22	18.00	0.00	0.00	0.00		Hankinson	Lifeline-FR
23	18.00	0.00	0.00	0.00		Kent	FR
24	18.00	0.00	0.00	0.00		Kent	Lifeline-FR
25	18.00	0.00	0.00	0.00		Lidgerwood	FR

# Exhibit A

Block 1 - Contact Information							
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1	Carrier Study Area Code			6 numeric digits	381631		
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7	Sheet Number			numeric digit(s)			
8	Total Number of Sheets			numeric digit(s)			
Block 2- Residential Local Service Rates, Fees, and Line Counts							
26	18.00	0.00	0.00	0.00	[REDACTED]	Lidgerwood	Lifeline-FR
27	18.00	0.00	0.00	0.00		Mooreton	FR
28	18.00	0.00	0.00	0.00		Mooreton	Lifeline-FR
29	18.00	0.00	0.00	0.00		Rollag	FR
30	18.00	0.00	0.00	0.00		Rollag	Lifeline-FR
31	18.00	0.00	0.00	3.80		Wyndmere	FR
32	18.00	0.00	0.00	3.80		Wyndmere	Lifeline-FR

Rate Floor Data

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

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier			
<p>I certify that <u>National Exchange Carrier Association (NECA)</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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Red River Rural Tel. Assn. dba Red River Communications</u>			
Signature of authorized officer 			Date <u>June 2, 2016</u>
Printed name of authorized officer <u>Jeffrey J. Olson</u>			
Title or position of authorized officer <u>CEO</u>			
Telephone number of authorized officer: <u>(701) 553-9075</u> ext.			
Study Area Code of Reporting Carrier	<u>381631</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2016</u>

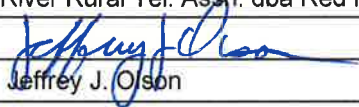
Rate Floor Template

**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 Red River Rural Tel. Assn. dba Red River Communications

Signature of authorized officer



Date June 2, 2016

Printed name of authorized officer

Jeffrey J. Olson

Title or position of authorized officer

CEO

Telephone number of authorized officer: (701) 553-9075 ext.

Study Area Code of Reporting Carrier

381631

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

07/01/2016