

## Via Electronic Filing

June 6, 2016

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 James Valley Telecommunication ("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 pages contain 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.

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 (800) 556-6525.

Sincerely,

James Groft CEO James Valley Telecommunications

www.jamesvalley.com

Enclosures

235 E Ist Ave ★ PO Box 260 ★ Groton, SD 57445-0260 Phone: 605-397-2323 ★ Toll-Free: 1-800-556-6525 ★ Fax: 605-397-2350 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: JAMES V	ALLEY COOP						
James Groft Signature of Authorized Officer:			Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,I=, Date:5/16/2016				
Printed name of Authorized Officer:	James Groft						
Title or position of Authorized Officer:	CEO						
Telephone number of Authorized Officer:	605-397-2323						
Study Area Code of Reporting Carrier	391664	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</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 knwoledge, the actual data provided to the Authorized Agent is accurate.						
Name of Authorized Agent :	National Exchange Carrie	rs Association,	Inc.			
Name of Reporting Carrier:	JAMES VALLEY COOP					
Signature of Authorized Officer:	James Groft Digitally signed by James Groft DN:cn=James   Groft,email=jgroft@nvc.net,O=james valley coop,I= , Date:5/16/2016			Date: 5/16/2016		
Printed name of Authorized Officer		James Groft				
Title or position of Authorized Offic	er:	CEO				
Telephone number of authorized or	fficer:	605-397-23	323			
Study Area Code of Reporting Car	rier 391664		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 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: JAMES V	ALLEY COOP					
James Groft			Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,I=, Date:5/16/2016			
Signature of Authorized Officer or employee: Date: 5/16/2016						
Printed name of Authorized Officer or employee: James Groft						
Title or position of Authorized Officer or employee: CEO						
Telephone number of Authorized Officer or employee: 605-397-2323						
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016		
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## 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: JAMES V	ALLEY COOP						
James Groft			Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,I= ,				
Signature of Authorized Officer or employee:				Date:	5/16/2016		
Printed name of Authorized Officer or employ	ee:	James Groft					
Title or position of Authorized Officer or employee: CEO							
Telephone number of Authorized Officer or employee: 605-397-2323							
Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016			
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