

June 8, 2016

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

RE: City of Faith Municipal Telephone Company (Faith) 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 Faith'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: City of Faith Municipal Telephone Company



Rate Floor Template

Certificatio	n of Officer as to the	e Accuracy of the Data R	Reported for the Rate F	loor Data
I certify that I am an officer of the reported; and, to the best of m	he reporting carrier; my y knowledge, the inform	responsibilities include ens nation reported on this form	suring the accuracy of the is accurate.	actual rate floor data
Name of Reporting Carrier City of Fa	aith Municipal Tel.	Со		
OX.	aith Municipal Tel. Ubbie Broe			note /2-6-16
Name of Reporting Carrier City of Fa	11			Date (0-6-16
Signature of authorized officer Deb	ebbie Broe			Date 6-6-16
Signature of authorized officer Deb Printed name of authorized officer Fir	Ubbie Brown			Date (0-6-16

Rate Floor Data

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

I certify that <u>National Excha</u> the information reported on I include ensuring the accurac actual rate floor data provide	nge Carrier Association (NE behalf of the reporting carr by of the actual rate floor d d to the authorized agent i	gent to File Rate Floor Data (A) ler. I also certify that I am an off ata provided to the authorized as accurate. eported on this form on behalf of by the reporting carrier; and to	is icer of the report gent; and, to the b	authorized to submit ng carrier; my responsibilities nest of my knowledge, the
Name of Authorized Agent National E	xchange Carrier Associati	on (NECA)		
Name of Reporting Carrier City of Fa	aith Municipal Tel Co			
Signature of authorized officer	blie Broun			Date 6-6 -16
The second secon	bie Brown			
100	ance Officer			
	605), 967-2261 _{ext.}			
tudy Area Code of Reporting Carrier	391653	Filing Due Date for this form (mm/dd/vvvv)	07/01/2016	