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June 13, 2016

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

Re: Cheyenne River Sioux Tribe Telephone Authority (CRSTTA) 47 C.F.R. 54.313(h)

Dear Ms. Van Gerpen,

Pursuant to 47 C.F.R. 54.313(i), attached for electronic informational filing with the South Dakota Public Utilities Commission is CRSTTA's 2016 Local Rate Floor Data Collection required by 47 C.F.R. 54.313(h).

The Exchange Level Data for the Local Rate Floor and associated certifications are being filed by NECA with USAC for use in determining adjustments to high cost loop support. The Exchange Level Data is confidential and has been provided under confidential cover.

If you have any questions in reference to this filing please contact me.

Thank you.

Sincerely yours,

RITER, ROGERS, WATTIER & NORTHRUP, LLP

By: Margo D. Northrup

MDN-ri **Enclosures** 

## CERTIFICATIONS AS TO ACCURACY OF THE DATA

Certification	of Officer as to	the Accuracy of the Data Reported	I for the Rate Flo	oor Data
		my responsibilities include ensuring the ormation reported on this form is accura		ctual rate floor data
Name of Reporting Carrier Cheyenne	River Sioux Tr	ribe Telephone Authority		
Signature of authorized officer		Date 06/14/2016		
Printed name of authorized officer Terra	nce Veo			
Title or position of authorized officer Boa	rd President		10 hanne v 10 12	
Telephone number of authorized officer: (6	964-2600	ext		
Study Area Code of Reporting Carrier	391647	Filing Due Date for this form (mm/dd/yyyy)	07/01/2016	

## CERTIFICATIONS TO AUTHORIZE AGENT TO FILE RATE FLOOR DATA

## 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 Of	ficer to Authorize an	Agent to File Rate Floor Data	on Behalf of R	eporting Carrier
I certify that National Eych	anda Carrier Association			
I certify that I am authorized the information reported her reported herein is accurate.	to submit the informati ein based on data provi	on reported on this form on behalf o ded by the reporting carrier; and to	of the reporting c the best of my k	arrier; that I have provided nowledge the information
Name of Authorized Agent National E	xchange Carrier Assoc	ciation (NECA)		
Name of Reporting Carrier Cheyenn	e River Sioux Trib	e Telephone Authority	3 2 33 102	
Signature of authorized officer		Date 06/14/2016		
Printed name of authorized officer Terr	ance Veo			
Title or position of authorized officer Bo	ard President			
Telephone number of authorized officer:	605), 964-2600 <sub>ext.</sub>			
Study Area Code of Reporting Carrier	391647	Filing Due Date for this form (mm/dd/yyyy)	07/01/2016	