VIA ELECTRONIC FILING

June 14, 2017

Ms. Patricia Van Gerpen, Executive Director South Dakota Public Utilities Commission Capitol Building, 1st Floor 500 East Capitol Avenue Pierre, SD 57501-5070

Re: CAF ICC Data Filings – Fort Randall Telephone Company Study Area 391660

Dear Ms. Van 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.

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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, Fort Randall Telephone Company 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.

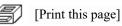
The FCC's November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) also requires rate of return carriers seeking CAF/ICC support to file data establishing the amount of the rate of return carrier's eligible CAF/ICC funding per 47 C.F.R. §54.304 (d) (1). Included in Attachment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

The Company requests confidential treatment of Attachment A which is submitted as a separate Confidential document pursuant to the requirements of ARSD § 20:10:01:41. These Exhibits contain 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.

If you have any further questions, please contact Tom Campbell at tcampbell@otcpas.com.

Regards, Tom Campbell





NECA

ATTACHMENT B

Study Area: FT RANDALL-MT RUSHMR (ID: 391660) Holding Company: HANSON COMMUNICATIONS, INC. (ID: 200000227)

CONNECT AMERICA FUND

Data to be provided to USAC/FCC in June 2017 for CAF ICC Purposes

Current Settlement Type: Average Schedule

	Test Period 7/1/17-6/30/18 Post True-up (Filing) View	
	Rate-of-Return (ROR) Carrier Revenue Requirement	
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 ^ 6)	
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	
7	Pool Administration Expenses	
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	
	Revenues from Reformed Intercarrier Compensation (ICC) Rates	
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)	
	Eligible Recovery	
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 15/16 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)	
	Revenues from Access Recovery Charges (ARC)	
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)	
	Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	
	Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops	
26	ARC Revenue Adjustment	
27	Adjusted Test Period 2017-2018 CAFICC Support (Line 25 - Line 26)	

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: FT RAN	IDALL-MT RUSH	HMR						
Bruce Hanson Signature of Authorized Officer:			Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,I=, Date:5/23/2017			5/23/2017		
Printed name of Authorized Officer:	Bruce Hanso	'n			I			
Title or position of Authorized Officer:	Treasurer							
Telephone number of Authorized Officer:	320-847-221	1						
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017				
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) National Exchange Carriers Association, Inc. 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.									
	Nationa			ciption inc					
Name of Authorized Agent :	Nationa	I Exchange Ca	amers Asso						
Name of Reporting Carrier:	FT RAN	IDALL-MT RUS	SHMR						
Bruce Hanson			Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr,I= , Date:5/23/2017						
Signature of Authorized Officer:						Date:	5/23/2017		
Printed name of Authorized Officer:			Bruce Han	son					
Title or position of Authorized Officer: Treasurer									
Telephone number of authorized officer: 320-847-2211									
Study Area Code of Reporting Carr	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017					
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: FT RANDALL-MT RUSHMR									
	Bruce Ha	anson	Digitally signed by Bruce Hanson Hanson,email=bruce@hcinet.ne						
Signature of Authorized Officer or employee:	, Date:5/23/2017								
Printed name of Authorized Officer or employee: Bruce Hanson									
Title or position of Authorized Officer or employee: Treasurer									
Telephone number of Authorized Officer or employee: 320-847-2211									
Study Area Code of Reporting Carrier	391660		ng Due Date for this n (mm/dd/yyyy)	6/16/2017					
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 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: FT RANDALL-MT RUSHMR								
	Bruce Ha	nson	Digitally signed by Bruce Hanso Hanson,email=bruce@hcinet.ne					
Signature of Authorized Officer or employee:		-	, Date:5/23/2017		Date:	5/23/2017		
Printed name of Authorized Officer or employee: Bruce Hanson								
Title or position of Authorized Officer or employee: Treasurer								
Telephone number of Authorized Officer or employee: 320-847-2211								
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017				
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.								