



Via Electronic Filing

June 5, 2017

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,

A handwritten signature in black ink that reads "James Groft". The signature is written in a cursive style.

James Groft
CEO

James Valley Telecommunications

Enclosures

235 E 1st Ave., PO Box 260, Groton, SD 57445-0260
605-397-2323 • 1-800-556-6525
jamesvalley.com

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 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,l= , Date:5/22/2017

Date: **5/22/2017**

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)

6/16/2017

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) <u>National Exchange Carriers Association, Inc.</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 knowledge, the actual data provided to the Authorized Agent is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>JAMES VALLEY COOP</u>					
Signature of Authorized Officer: <u>James Groft</u>				Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,l= , Date:5/22/2017	
Date: <u>5/22/2017</u>					
Printed name of Authorized Officer: <u>James Groft</u>					
Title or position of Authorized Officer: <u>CEO</u>					
Telephone number of authorized officer: <u>605-397-2323</u>					
Study Area Code of Reporting Carrier		<u>391664</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>
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: **JAMES VALLEY COOP**

Signature of Authorized Officer or employee: **James Groft**

Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,l= , Date:5/22/2017

Date: **5/22/2017**

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)

6/16/2017

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: **JAMES VALLEY COOP**

Signature of Authorized Officer or employee: **James Groft**
Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley coop,l= , Date:5/22/2017

Date: **5/22/2017**

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)

6/16/2017

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.