



Your business
is our business.

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June 9, 2017

VIA ELECTRONIC FILING

Secretary
South Dakota Public Utilities Commission
Capitol Building, 1st Floor
500 E. Capitol Ave.
Pierre, SD 57501-5070

On behalf of West River Cooperative please find attached:

Certification of an Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Study Area Exchange Level Data for Local Rate Floor

This filing is being made in compliance with the Federal Communications Commission's ("FCC") 47 C.F.R 54.313(h) and (i). The enclosed includes the Company's Residential Local Line Counts which has been redacted for public inspection.

Should you have any questions, please do not hesitate to call me at 301-459-7590.

Respectfully submitted,

A handwritten signature in black ink that reads 'John Kuykendall'. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

John Kuykendall
Vice President

Enclosures

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	391689
2	Carrier Study Area Name	alpha characters	WEST RIVER COOPERATIVE TEL. CO.
3	Service Provider Identification Number	9 numeric digits	143002255
4	Residential Local Service Charge Effective Date	mm/dd/yy	06/01/17
5	Contact Name	alpha characters	Huber, Colgan
6	Contact Telephone Number (include area code)	9 numeric digits	605-244-5213
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9						Bison	Residential
10						Bison	Lifeline
11						Buffalo	Residential
12						Buffalo	Lifeline
13						Camp Crook	Residential
14						Camp Crook	Lifeline
15						Lemmon	Residential
16						Lemmon	Lifeline
17						Meadow	Residential
18						Meadow	Lifeline
19						Newell	Residential
20						Newell	Lifeline
21						Nisland	Residential
22						Nisland	Lifeline
23						Sorum	Residential

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				West River Cooperative Telephone Company	
Signature of authorized officer			<i>Colle Nash</i>		Date
Printed name of authorized officer			Colle Nash		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer: (605) 244-5213 ext.					
Study Area Code of Reporting Carrier		391689	Filing Due Date for this form (mm/dd/yyyy)		07/01/2017

Rate Floor Data

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

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>				
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>				
Name of Reporting Carrier <u>West River Cooperative Telephone Company</u>				
Signature of authorized officer <u>Colle Nash</u>				Date <u>06/02/2017</u>
Printed name of authorized officer <u>Colle Nash</u>				
Title or position of authorized officer <u>General Manager</u>				
Telephone number of authorized officer: <u>(605) 244-5213</u> ext.				
Study Area Code of Reporting Carrier	<u>391689</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2017</u>	