EXHIBIT B

FCC Form 481 - Carrier Annual Reporting REDACTED FOR PUBLIC INSPECTION OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form

<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Colgan Huber
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	chuber@wrctc.coop
	Form Type	54.313 and 54.422

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

	Number	Date	Time	Date	_	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		ļ
	NORS									Did This Outage	<u> </u>	
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
<210>	For the prior	calendar yea	ar, were there	any reportal	ole voice serv	ice outages?	No					
<039>	Contact Email	Address - Ema	il Address of pe	erson identified	in data line <0	30> chuber@wrct	c.coop					
<035>	Contact Telep	hone Number	- Number of pe	rson identified	in data line <0	30> 6052445211	6052445211 ext.					
<030>	Contact Name	e - Person USAC	should contac	t regarding this	data	Colgan Hube	r	·	·		·	_
<020>	> Program Year 2				2018							
<015>	Study Area Na	ime				WEST RIVER (COOPERATIVE TEL. C	.0.				
<010>	Study Area Co	de				391689						
<u>-</u>												

\a>	\D1>	\UZ>	\U3>	\U4/	\C1>	\(\Z \)	\u/	\C>	\I/	\\$/	\II/
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number		Time	Date			Total Number of				Comileo Outogo	Duoventative
Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(300) Unfulfilled Service Request Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3 July 2013						3060-0819	
<010> Study Area Code		391689					
<015> Study Area Name		WEST RIVER COOPERATIVE TEL. CO.					
<020> Program Year		2018					
<030> Contact Name - Person USAC should contact regarding	g this data	Colgan Huber					
<035> Contact Telephone Number - Number of person ident	<035> Contact Telephone Number - Number of person identified in data line <030> 6052445211 ext.						
<039> Contact Email Address - Email Address of person ident	tified in data line <030>	chuber@wrctc.coop					
<300> Unfulfilled service request (voice)		0					
<310> Detail on attempts (voice)							
	Nam	ne of Attached Document					
<320> Unfulfilled service request (broadband)		0					
<330> Detail on attempts (broadband)		Name of Attached Document					

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 391689
<015>	Study Area Name WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030> 6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line chuber@wrctc.coop <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391689	
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules Yes	
		391689sd510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ales Compliance	
<515> (Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	REDACTED FOR PUBLIC INSPECTION	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	391689sd610.pdf

(700) Price Offerings including Voice Rate Data		FCC Form 481			
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819			
		July 2013			
<010> Study Area Code	391689				
<015> Study Area Name	WEST RIVER COOPERATIVE TEL. CO.				
<020> Program Year	2018				
<030> Contact Name - Person USAC should contact regarding this data	Colgan Huber				
<035> Contact Telephone Number - Number of person identified in data	ine <030> 6052445211 ext.				
<039> Contact Email Address - Email Address of person identified in data	line <030> chuber@wrctc.coop				
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge					

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See at	tached worksheet			
					000 a	taonoa workonoot			

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	91689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
(711)	State	Exchange (ILEC)	Residential Rate	State Regulated	Total Rate and Fees	Broadband Service - Download Speed	Broadband Service - Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached { select }
						(,, ,		ζ= ,	
				0					
			,	- See attacl worksheet -	ned				

. , .	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08
			July 2013
<010>	Study Area Code		391689
<015>	Study Area Name		WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year		2018
<030>	Contact Name - Person	USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	chuber@wrctc.coop
<810>	Reporting Carrier	West River Cooperative Telephone Company	
<811>	Holding Company	West River Cooperative Telephone Company	
<812>	Operating Company	West River Cooperative Telephone Company	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
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(900) Tril	(900) Tribal Lands Reporting FCC Form 481		
Data Coll	lection Form	OMB Control No. 3060-0986/OMB Control No. 30	
<010>	Study Area Code	391689	
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop	
<900>	Does the filing entity offer tribal land services? (Y/N)	Yes	
<910>	Tribal Land(s) on which ETC Serves	Cheyenne River Sioux Standing Rock Sioux	
<920>	Tribal Government Engagement Obligation	391689sd920.pdf	
		Name of Attached D	ocument

to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes

Select Yes or No or Not Applicable
Yes
Yes

		<u> </u>	ANTI ODLIG INGI ECTION	
(1000) Vo	pice and Broadband Service Rate Comparability			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		391689	
<015>	Study Area Name		WEST RIVER COOPERATIVE TEL. CO.	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Colgan Huber	
<035>	Contact Telephone Number - Number of person identified in data line <03	30>	6052445211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <0	30>	chuber@wrctc.coop	
<1000>	Voice services rate comparability certification	Yes		
<1010>	Attach detailed description for voice services rate comparability compliance			
			Name of Attached Documer	nt
<1020>	Broadband comparability certification		- Pricing is no more than the Wireline Competition Bureau	e most recent applicable benchmark announced by
<1030>	Attach detailed description for broadband comparability compliance			
	_		Name of Attached Docume	nt

(1100) N	lo Terrestrial Backhaul Reporting	FCC Form 481	
Data Co	llection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	0819
<010>	,	391689	
<015> <020>	,	WEST RIVER COOPERATIVE TEL. CO. 2018	
<030> <035>		Colgan Huber 6052445211 ext.	
<039>		chuber@wrctc.coop	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g).	ibps	

(1200) Te Lifeline	rms and Condition for Lifeline Customers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	nttp://www.sdplains.com/lifeline-and-link-up/
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
ding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
10> Study Area Code	391689	
15> Study Area Name	WEST RIVER COOPERATIVE TEL. CO.	
20> Program Year	2018	
30> Contact Name - Person USAC should contact regarding this data	Colgan Huber	
35> Contact Telephone Number - Number of person identified in data line <030	> ⁶⁰⁵²⁴⁴⁵²¹¹ ext.	
39> Contact Email Address - Email Address of person identified in data line <030	> chuber@wrctc.coop	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap	Carrier Additional Documentation	FCC Form 481	
Data Collection F	Form		o. 3060-0986/OMB Control No. 3060-0819
Including Rate-of	F-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
Price Ca	p Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification support used to build broadband		
Connect	America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan				
(3009)	Carrier certifies to 54.313(f)(1)(iii)	*11	3.4.4	. ~	
(3010A)	Certification of Public Interest Obligations {47 CFR §	ĭ	es - Ali	ach Certifica	391689sd3010.pdf
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Docu Information	ument Lis	ting Required	
(3012A)	Community Anchor Institutions {47 CFR §	No - No New Community	Anchors		
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Docu	ument Lis	ting Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	O	0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	lacktriangle	O	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			v	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				391689sd3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ıment Lis	ting Required	
(3018) (3019) (3020)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement	(Yes/No)	0		
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ument Lis	ting Required	

	DAOTED FOR FOREIGNESS
(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop

Financial Data Summary (3027) Revenue (3028) Operating Expenses (3029) Net Income (3030) Telephone Plant In Service(TPIS) (3031) Total Assets (3032) Total Debt (3033) Total Equity (3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> chuber@wrctc.coop

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: 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.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391689
<015>	Study Area Name	WEST RIVER COOPERATIVE TEL. CO.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Colgan Huber
<035>	Contact Telephone Number - Number of person identified in data line <030>	6052445211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chuber@wrctc.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)JSI is authorized to submit the information reported on behalf of the reporting carrier also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		. •
Name of Authorized Agent: JSI		
Name of Reporting Carrier: WEST RIVER COOPERATIVE TEL. CO.		
Signature of Authorized Officer: CERTIFIED ONLINE	Date:	06/21/2017
Printed name of Authorized Officer: Colgan Huber		
Title or position of Authorized Officer: Asst. General Manager		
Telephone number of Authorized Officer: 6052445213 ext.		
Study Area Code of Reporting Carrier: 391689 F	Filing Due Date for this form: 07/03/2017	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the report the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: WEST RIVER COOPERATIVE TEL. CO.	• , ,
Name of Reporting Carrier: WEST RIVER COOPERATIVE TEL. CO.	
Name of Authorized Agent Firm: JSI	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: (06/21/2017
lame of Authorized Agent Employee: Cassandra Heyne	
itle or position of Authorized Agent or Employee of Agent Consultant	
elephone number of Authorized Agent or Employee of Agent: 3014597590 ext.	
tudy Area Code of Reporting Carrier: 391689 Filing Due Date for this form: 07/03/2017	