

***Via Electronic Filing***

June 29, 2018

Ms. Patricia Van Gerpen  
South Dakota Public Utilities Commission  
State Capitol  
500 East Capitol Avenue  
Pierre, SD 57501-5070

Re: In the Matter of the a Compliance filing for Farmers Mutual Telephone Company for Certification Regarding Its Local Rate Floor Certification Pursuant to 47 C.F.R. 54.313(h)(1)  
Docket No.:

Dear Ms. Van Gerpen:

Enclosed by e-filing please find the Request Compliance filing by Farmers Mutual Telephone Company (the "Company").

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

Very truly yours,

Tom Campbell  
Telecommunications Consultant

Enclosures  
cc: Kevin Beyer

# EXHIBIT A

## Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	361389
2	Carrier Study Area Name	alpha characters	FARMERS MUTUAL TEL. CO.-BELLINGHAM
3	Service Provider Identification Number	9 numeric digits	143002094
4	<b>Residential Local Service Charge Effective Date</b>	mm/dd/yy	06/01/18
5	Contact Name	alpha characters	Eul, Donna M
6	Contact Telephone Number (include area code)	9 numeric digits	320-568-2105
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						Bellingham	R-1
10						Bellingham	Lifeline
11						Cerro Gordo	R-1
12						Cerro Gordo	Lifeline
13						Marietta	R-1
14						Marietta	Lifeline
15						West Marietta	R-1

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 Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association (NECA) 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.

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.

Name of Authorized Agent National Exchange Carrier Association (NECA)

Name of Reporting Carrier Farmers Mutual Telephone Company

Signature of authorized officer  Date 6-05-18

Printed name of authorized officer Kevin Beyer

Title or position of authorized officer CEO

Telephone number of authorized officer: (320) 568-2105 ext.

Study Area Code of Reporting Carrier	<u>361389</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2018</u>
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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 **Farmers Mutual Telephone Company**

Signature of authorized officer

Date **6-05-18**

Printed name of authorized officer **Kevin Beyer**

Title or position of authorized officer **CEO**

Telephone number of authorized officer: **(320) 568-2105** ext.

Study Area Code of Reporting Carrier

**361389**

Filing Due Date for this form  
(mm/dd/yyyy)

**07/01/2018**