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is our business.

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June 07, 2018

VIA ELECTRONIC FILING

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

On behalf of Interstate Telecommunications please find attached:

Certification of Officer for Rate of Return Carrier Eligibility for CAF/ICC Recovery
Certification of Officer as to the Accuracy of the CAF/ICC Data Reported
Certification of an Officer to Authorize an Agent to File Data on Behalf of Reporting Carrier
Certification of Officer for Rate of Return Carrier Not Seeking Duplicative Recovery
CAF ICC Support Page
Access Recovery Charge Output Report
Interstate Test Period Lines Report
Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor

This filing is being made in compliance with the Federal Communications Commission's ("FCC") 47 C.F.R 54.304(d)(1) and 54.313(h) and (i).

Interstate Telecommunications is requesting confidential treatment of the CAF ICC Support Page, Access Recovery Charge Output Report, and Interstate Test Period Lines Report, and Residential Local Line Counts.

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

Respectfully submitted,

John Kuykendall
Vice President

Enclosures

Headquarters: 7852 Walker Drive, Suite 200
Greenbelt, MD 20770
phone: 301-459-7590, fax: 301-577-5575

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-5124

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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.**

Signature of Authorized Officer: **Tracy Bandemer**

Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer: **Tracy Bandemer**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **605-874-2181**

Study Area Code of Reporting Carrier

391654

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

6/18/2018

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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.**

Signature of Authorized Officer or employee: **Tracy Bandemer**
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

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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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.**

Signature of Authorized Officer or employee: **Tracy Bandemer**

Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/16/2018

Date: **5/16/2018**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

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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>INTERSTATE TELECOMMUNICATIONS COOP., INC.</u>					
Signature of Authorized Officer: <u>Tracy Bandemer</u>				Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=interstate telecommunications coop., inc.,I=Clear Lake SD 57226-0920, Date:5/16/2018	
Date: <u>5/16/2018</u>					
Printed name of Authorized Officer: <u>Tracy Bandemer</u>					
Title or position of Authorized Officer: <u>CFO</u>					
Telephone number of authorized officer: <u>605-874-2181</u>					
Study Area Code of Reporting Carrier		<u>391654</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/18/2018</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.					

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 Interstate Telecommunications Coop., Inc.

Signature of authorized officer  Date 6/1/18

Printed name of authorized officer Bryan Roth

Title or position of authorized officer GM/CEO

Telephone number of authorized officer: (605) 874-2181 ext.

Study Area Code of Reporting Carrier	391654	Filing Due Date for this form (mm/dd/yyyy)	07/01/2018
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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				Interstate Telecommunications Coop., Inc.	
Signature of authorized officer				Date	
				6/1/18	
Printed name of authorized officer				Bryan Roth	
Title or position of authorized officer				GM/CEO	
Telephone number of authorized officer:				(605) 874-2181 ext.	
Study Area Code of Reporting Carrier		391654	Filing Due Date for this form (mm/dd/yyyy)	07/01/2018	