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June 11, 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 Venture Communications Cooperative 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

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

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: VENTURE COMMUNICATIONS COOPERATIVE Digitally signed by Randy Houdek DN:cn=Randy Randy Houdek Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,I=Highmore SD 57345-0157, 5/24/2018 Signature of Authorized Officer: Date:5/24/2018 Printed name of Authorized Officer: Randy Houdek Title or position of Authorized Officer: General Manager 605-852-1111 Telephone number of Authorized Officer: Filing Due Date for this 391680 6/18/2018 Study Area Code of Reporting Carrier form (mm/dd/yyyy) 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)	National Exchange Carriers Association, Inc.						
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 knwoledge, the actual data provided to the Authorized							
Agent is accurate.							
Name of Authorized Agent :	National Exchange Ca	rriers Associa	tion, Inc.				
Name of Reporting Carrier: VENTURE COMMUNICATIONS COOPERATIVE							
	Randy Houdek		Houdek,email=rhoudek@ve	Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture			
Signature of Authorized Officer:	Signature of Authorized Officer:			communications cooperative J=Highmore SD 57345-0157, Date: 5/24/2018			
Printed name of Authorized Officer:		Randy Houde	ek				
Title or position of Authorized Officer	•	General Ma	ınager				
Telephone number of authorized office	cer:	605-852-11	11				
Study Area Code of Reporting Carrie	er 391680		iling Due Date for this orm (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 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: VENTURE COMMUNICATIONS COOPERATIVE Digitally signed by Randy Houdek DN:cn=Randy								
	Randy Houdek			enturecomm.net,O=venture				
Signature of Authorized Officer or employee:			communications cooperativ	communications cooperative,I=Highmore SD 57345-0157, Date: 5/24/2018 Date: 5/24/				
020.31242010								
Printed name of Authorized Officer or employee: Randy Houdek								
Title or position of Authorized Officer or employee: General Manager								
This or position of Authorized Officer of employee.								
Telephone number of Authorized Officer or employee: 605-852-1111								
Study Area Code of Reporting Carrier	391680		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: VENTURE COMMUNICATIONS COOPERATIVE								
Signature of Authorized Officer or employee:	Houdek,email=rhoudek@ventu	Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,I=Highmore SD 57345-0157, Date:5/24/2018		5/24/2018				
Printed name of Authorized Officer or employe	e: Randy Ho	udek						
Title or position of Authorized Officer or employee: General Manager								
Telephone number of Authorized Officer or employee: 605-852-1111								
Study Area Code of Reporting Carrier	391680	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.								