

6849 Peachtree Dunwoody Road Bldg. B-3, Suite 200, Atlanta, Georgia 30328 phone: 770-569-2105, fax: 770-410-1608 internet: www.isitel.com. e-mail: isi@isitel.com

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 (Western) 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. VENTURE COMMUNICATIONS COOPERATIVE Name of Reporting Carrier: Digitally signed by Randy Houdek DN:cn=Randy Randy Houdek Houdek,ernail=rhoudek@venturecomm.net,O=venture communications cooperative, I=Highmore SD 57345-0157, Date: 5/24/2018 Signature of Authorized Officer: Date:5/24/2018 Randy Houdek Printed name of Authorized Officer: General Manager Title or position of Authorized Officer: Telephone number of Authorized Officer: 605-852-1111 Filing Due Date for this 391688 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											
accuracy of the data provided to the Agent is accurate.	Authorized Agent; and,	to the best of my	knwoledge, the actual data provided	to the Authorized							
•											
Name of Authorized Agent :	thorized Agent : National Exchange Carriers Association, Inc.										
Name of Reporting Carrier: VENTURE COMMUNICATIONS COOPERATIVE											
	Randy Houdek	andy Houdek		Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture							
Signature of Authorized Officer:			communications cooperative,I=Highmore SD 57345-0157, Date:5/24/2018			5/24/2018					
Printed name of Authorized Officer:		Randy Houdek									
Title or position of Authorized Office	er:	General Manager									
Talanhana numban af autharias das	fican	605-852	1111								
Telephone number of authorized of	ncer.	000-002	\$								
Study Area Code of Reporting Carr	ier 3916	88	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018							
Parsons willfully me	aking false statements	on this form can b	e nunished by fine or forfeiture und	er the Communications Act o	of 103/						
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 Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,I=Highmore SD 57345-0157, Signature of Authorized Officer or employee: Date: 5/24/2018 Date:5/24/2018 Printed name of Authorized Officer or employee: Randy Houdek Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 605-852-1111 Filing Due Date for this Study Area Code of Reporting Carrier 391688 6/18/2018 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 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												
Randy Houdek Signature of Authorized Officer or employee:			Houdek,email=rhoudek@	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	ee:	Randy Hou	dek									
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	391688		Filing Due Date for this form (mm/dd/yyyy)	6/18/2018								
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