



Your business  
is our business.

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June 10, 2019

VIA ELECTRONIC FILING

Secretary  
South Dakota Public Utilities Commission  
Capitol Building, 1<sup>st</sup> 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 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: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/20/2019

Date: **5/20/2019**

Printed name of Authorized Officer or employee: **Bryan Roth**

Title or position of Authorized Officer or employee: **General Manager/CEO**

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

Study Area Code of Reporting Carrier

**391654**

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

**6/17/2019**

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.

**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: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/20/2019

Date: **5/20/2019**

Printed name of Authorized Officer: **Bryan Roth**

Title or position of Authorized Officer: **General Manager/CEO**

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

Study Area Code of Reporting Carrier

**391654**

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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: **Bryan Roth**  
Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/20/2019

Date: **5/20/2019**

Printed name of Authorized Officer or employee: **Bryan Roth**

Title or position of Authorized Officer or employee: **General Manager/CEO**

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

Study Area Code of Reporting Carrier

**391654**

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

**6/17/2019**

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) <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>Bryan Roth</u>				Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bryan.roth@itctel.com,O=interstate telecommunications coop., inc.,j=Clear Lake SD 57226-0920, Date:5/20/2019	
Date: <u>5/20/2019</u>					
Printed name of Authorized Officer: <u>Bryan Roth</u>					
Title or position of Authorized Officer: <u>General Manager/CEO</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>6/17/2019</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.					

**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 TELECOMM.

Signature of Authorized Officer: *Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=INTERSTATE TELECOMM.,I=,Date:05/31/2019*

Date: 05/31/2019

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)	07/01/2019	
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I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00.

**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-SST

Signature of Authorized Officer: *Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@jctel.com,O=INTERSTATE-SST,I=,Date:05/31/2019*

Date: 05/31/2019

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	391679		Filing Due Date for this form (mm/dd/yyyy)	07/01/2019	
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I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00.