



Your business
is our business.

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Greenbelt, Maryland 20770
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June 16, 2021

VIA ELECTRONIC FILING

Patricia Van Gerpen
Executive Director
South Dakota Public Utilities Commission
Capitol Building, 1st Floor
500 E. Capitol Ave.
Pierre, SD 57501-5070

Dear Patricia Van Gerpen:

On behalf of West River Cooperative (“West River”) 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

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).

West River CAF ICC data has been filed separately in its entirety as “confidential” and has been appropriately marked as such.

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

Respectfully submitted,

John Kuykendall
Vice President

Enclosures

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

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

3440 Blue Springs Rd. NW, Suite 503
Kennesaw, GA 30144
phone: 770-569-2105

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

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: **WEST RIVER COOPERATIVE TEL. CO.**

Signature of Authorized Officer: **Colle Nash**

Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/21/2021

Date: **5/21/2021**

Printed name of Authorized Officer: **Colle Nash**

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

Telephone number of Authorized Officer: **605-244-5213**

Study Area Code of Reporting Carrier

391689

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

6/16/2021

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>WEST RIVER COOPERATIVE TEL. CO.</u>					
Signature of Authorized Officer: <u>Colle Nash</u>				Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/21/2021	
Date: <u>5/21/2021</u>					
Printed name of Authorized Officer: <u>Colle Nash</u>					
Title or position of Authorized Officer: <u>General Manager / CEO</u>					
Telephone number of authorized officer: <u>605-244-5213</u>					
Study Area Code of Reporting Carrier	<u>391689</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2021</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.					

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: **WEST RIVER COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Colle Nash**

Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/21/2021

Date: **5/21/2021**

Printed name of Authorized Officer or employee: **Colle Nash**

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

Telephone number of Authorized Officer or employee: **605-244-5213**

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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: **WEST RIVER COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Colle Nash**
Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/21/2021

Date: **5/21/2021**

Printed name of Authorized Officer or employee: **Colle Nash**

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

Telephone number of Authorized Officer or employee: **605-244-5213**

Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
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