



Interstate Telecommunications Cooperative, Inc.
312 4th Street West, PO Box 920, Clear Lake, SD 57226

June 8, 2022

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 Interstate Telecommunications Coop., Inc. ("Interstate") please find attached:

Certification of Officer for Rate of Return Carrier Eligibility for CAF/ICC Recovery
Certification of Officer for Rate of Return Carrier Not Seeking Duplicative 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

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's CAF ICC data has been filed in its entirety as "confidential" and has been
appropriately marked as such.

Should you have any questions, please contact me at 605-874-8351.

Thank you!

A handwritten signature in cursive script that reads "Amy Bjerke". The signature is written in a dark ink and is positioned above the typed name and title.

Amy Bjerke
CABS Administrator

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=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/18/2022

Date: **5/18/2022**

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

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

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

Study Area Code of Reporting Carrier

391654

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

6/16/2022

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>Tracy Bandemer</u>				Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/18/2022	
Date: <u>5/18/2022</u>					
Printed name of Authorized Officer: <u>Tracy Bandemer</u>					
Title or position of Authorized Officer: <u>CEO/ General Manager</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>6/16/2022</u>
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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: **INTERSTATE TELECOMMUNICATIONS COOP., INC.**

Signature of Authorized Officer or employee: **Tracy Bandemer**
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/18/2022

Date: **5/18/2022**

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

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

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

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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).

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

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