



May 24, 2023

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

Re: 47 C.F.R. §54.304

Dear Ms. Van Gerpen,

Please find enclosed the filing submitted in accordance with 47 CFR § 54.304. If you have any questions, please feel free to contact me at 402-632-4321.

Yours truly,

NORTHEAST NEBRASKA TELEPHONE COMPANY

A handwritten signature in black ink that reads "Alyssa Arens". The signature is written in a cursive, flowing style.

Alyssa Arens
Controller

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: **NORTHEAST NEBRASKA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Patrick McElroy**
Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=north east nebraska telephone company, Date:5/24/2023
Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Patrick McElroy**

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

Telephone number of Authorized Officer or employee: **402-632-4321**

Study Area Code of Reporting Carrier	371576		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NORTHEAST NEBRASKA TELEPHONE COMPANY**

Signature of Authorized Officer or employee:	Patrick McElroy	Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company, Date:5/24/2023	Date:	5/24/2023

Printed name of Authorized Officer or employee: **Patrick McElroy**

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

Telephone number of Authorized Officer or employee: **402-632-4321**

Study Area Code of Reporting Carrier	371576		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NORTHEAST NEBRASKA TELEPHONE COMPANY**

Signature of Authorized Officer: **Patrick McElroy**

Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer: **Patrick McElroy**

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

Telephone number of Authorized Officer: **402-632-4321**

Study Area Code of Reporting Carrier

371576

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