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**Olsen**Thielen

June 6, 2023

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

Re: CAF ICC Data Filings – Fort Randall TEL. CO. DBA MT RUSHMORE TEL CO (ID:391660)

Dear Ms. Van Gerpen:

The Federal Communications Commission's (FCC) November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) requires carriers seeking recovery through the federal mechanisms established in the Order to make certain certifications to the FCC and to state commissions regarding their eligibility for, and their compliance with the rules applicable to such recovery.

Specifically, 47 C.F.R. §51.917(d)(vii), (e), (f) requires Rate of Return Carriers to certify annually to the FCC and to the relevant state commissions that the carrier is not seeking duplicative recovery in the state jurisdiction of any Eligible Recovery subject to the recovery mechanism. In compliance with that requirement, Fort Randall Tel Company hereby states that it is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery, and as required by 47 C.F.R. §51.917(e)&(f) that has complied with all eligibility requirements and is eligible to receive the projected support requested. Included as Attachment A is a copy of the Officer Certifications filed with the FCC as part of the National Exchange Carrier Association (NECA) compliance filing.

The FCC's November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) also requires rate of return carriers seeking CAF/ICC support to file data establishing the amount of the rate of return carrier's eligible CAF/ICC funding per 47 C.F.R. §54.304 (d) (1). Included in Attachment B, is the projected Access Recovery Support and Connect America Fund Support as filed with the FCC under this Order.

The Company requests confidential treatment of Attachment B which is submitted as a separate Confidential document pursuant to the requirements of ARSD § 20:10:01:41. This Exhibit contains financial information with independent economic value which is not generally known to, and not readily ascertainable to, competitors of the Company which could obtain economic value from disclosure. The Company maintains the information as secret. The Company requests that such information be maintained as confidential by the South Dakota Public Utilities Commission in perpetuity.

If you have any further questions, please contact Thomas Campbell at tcampbell@otcpas.com.

Regards,

# /s/ Thomas Campbell

Thomas Campbell



# Study Area: FORT RANDALL TEL. CO. DBA MT. RUSHMORE TEL CO (ID: 391660) Holding Company: HANSON COMMUNICATIONS, INC. (ID: 200000227)

Settlement Type: Average Schedule		CONNECT AMERICA FUND [Data to be provided to USAC/FCC in June 2023 for CAF ICC Purposes]	PUBLIC
			VERSIO
		Test Period 7/1/23-6/30/24 Post True-up (Filing) View	VLKSIU
		Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Acces	s Revenue Requirement	
2	FY 2011 Intrastate Terminating	Switched Access Revenues	
3	FY 2011 Net Reciprocal Comper	isation Revenues	
4	2011 ROR Carrier Base Period F	Revenue (Line 1 + Line 2 + Line 3)	
5	ROR Carrier Baseline Adjustme	nt Factor (0.95 ^ 12)	
6	ROR Carrier Revenue Requirem	ent (Line 4 x Line 5)	
7	Pool Administration Expenses		
8	Total ROR Carrier Revenue Requ	uirement (Line 6 + Line 7)	
		Revenues from Reformed Intercarrier Compensation (ICC) Rates	
9	Interstate Switched Access Rev	enues	
10	Interstate Allocated Switched A	ccess Revenues#	
11	Transitional Intrastate Access S	ervice Revenues	
12	Net Transitional Reciprocal Com	pensation Revenues	
13	Total ICC Revenue (Line 10 + L	ine 11 + Line 12)	
		Eligible Recovery	
14	TRS Increment		
15	Regulatory Fees Increment		
16	NANPA Increment		
17	Interstate Local Switching Supp	ort for Price Cap Affiliates or Estimated Duplicate LSS Costs in CAF II	
18	Adjustment for Double Recover	y or Corrections	
19	Test Period 21/22 Trueup - Net	Impact on Total Eligible Recovery	
20	Eligible Recovery (Line 8 - Line	13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	
		Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues		
22	Single Line Business ARC Rever	lues	
23	Multi-Line Business ARC Reven	ies	
24	Total ARC Revenues (Line 21 +	Line 22 + Line 23)	
		Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) IC	C Support (Line 20 - Line 24)	
		Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops	
26	Imputed ARC revenue for broad	lband-only loops	
27	Adjusted Test Period 2023-2	024 CAFICC Support (Line 25 - Line 26)	

## 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: FT RAN	IDALL-MT RUS	HMR							
Bruce Hanson Signature of Authorized Officer:			Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llccolumbus grove,I= , Date:5/22/2023			»: 5/22/2023			
Printed name of Authorized Officer:	Bruce Hanso	n							
Title or position of Authorized Officer:	Treasurer								
Telephone number of Authorized Officer:	320-847-221	1							
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023					
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. 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 knwoledge, the actual data provided to the Authorized Agent is accurate.									
Name of Authorized Agent :	National	Exchange Ca	arriers Asso	ciation, Inc.					
Name of Reporting Carrier:	FT RAN	DALL-MT RUS	SHMR						
Bruce Hanson Signature of Authorized Officer:			Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llccolumbus grove,I= , Date:5/22/2023			Date:	5/22/2023		
Printed name of Authorized Officer:			Bruce Har	nson					
Title or position of Authorized Office	ər:		Treasure	er					
Telephone number of authorized officer: 320-847-2211									
Study Area Code of Reporting Carr	ier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023				
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: FT RANDALL-MT RUSHMR										
	Digitally signed by Bruce Hanson DN:cn=Bruce           Bruce Hanson         Hanson,email=bruce@hcinet.net,O=hanson comm of ohio,									
Signature of Authorized Officer or employee:			llccolumbus grove,l= ,Date:5/2	22/2023	Date:	5/22/2023				
Printed name of Authorized Officer or employee: Bruce Hanson										
Title or position of Authorized Officer or employee: Treasurer										
Telephone number of Authorized Officer or employee: 320-847-2211										
Study Area Code of Reporting Carrier	391660		iling Due Date for this form nm/dd/yyyy)	6/16/2023						
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: FT RAN	IDALL-MT RUS	SHMR							
	Digitally signed by Bruce Hanson DN:cn=Bruce           Bruce Hanson         Hanson,email=bruce@hcinet.net,O=hanson comm of ohio,								
Signature of Authorized Officer or employee:			llccolumbus grove,l= , Date:5/	22/2023	Date:	5/22/2023			
Printed name of Authorized Officer or employee: Bruce Hanson									
Title or position of Authorized Officer or employee: Treasurer									
Telephone number of Authorized Officer or employee: 320-847-2211									
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