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#### VIA ELECTRONIC FILING

June 11, 2024

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 – Red River Rural Telephone Association Study Area 381631

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, Red River Rural Telephone Association 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



### Study Area: RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM (ID: 381631)

**Settlement Type: Cost** 

# CONNECT AMERICA FUND [Data to be provided to USAC/FCC in June 2024 for CAF ICC Purposes]

**PUBLIC VERSION** 

Test Period 7/2/24-6/30/25 Post True-up (Filing) View

|    | lest Period 7/2/24-6/30/25 Post True-up (Filing) view                                              | VERSION |
|----|----------------------------------------------------------------------------------------------------|---------|
|    | Rate of Return (ROR) Carrier Revenue Requirement                                                   |         |
| 1  | 2011 Interstate witched Access Revenue Requirement                                                 |         |
| 2  | FY 2011 Intrastate Terminating witched Access Revenues                                             |         |
|    | FY 2011 Net Reciprocal Compensation Revenues                                                       |         |
| 4  | 2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)                                    |         |
| 5  | ROR Carrier Baseline Adjustment Factor (0.95 ^ 13)                                                 |         |
| 6  | ROR Carrier Revenue Requirement (Line 4 x Line 5)                                                  |         |
| 7  | Pool Administration Expenses                                                                       |         |
| 8  | Total ROR Carrier Revenue Requirement (Line 6 + Line 7)                                            |         |
|    | Revenues from Reformed Intercarrier Compensation (ICC) Rates                                       |         |
| 9  | Interstate Switched Access Revenues                                                                |         |
| 10 | Interstate Allocated Switched Access Revenues#                                                     |         |
| 11 | Transitional Intrastate Access Service Revenues                                                    |         |
| 12 | Net Transitional Reciprocal Compensation Revenues                                                  |         |
| 1  | Total ICC Revenue (Line 10 + Line 11 + Line 12)                                                    |         |
|    | Eligible Recovery                                                                                  |         |
| 14 | TRS Increment                                                                                      |         |
| 15 | Regulatory Fees Increment                                                                          |         |
| 16 | NANPA Increment                                                                                    |         |
| 17 | Interstate Local witching upport for Price Cap Affiliates or Estimated Duplicate L Costs in CAF II |         |
| 18 | Adjustment for Double Recovery or Corrections                                                      |         |
| 19 | Test Period 22/2 Trueup Net Impact on Total Eligible Recovery                                      |         |
| 20 | Eligible Recovery (Line 8 Line 1 ) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) (Line 17)   |         |
|    | Revenues from Access Recovery Charges (ARC)                                                        |         |
| 21 | Residential ARC Revenues                                                                           |         |
| 22 | ingle Line Business ARC Revenues                                                                   |         |
| 2  | Multi Line Business ARC Revenues                                                                   |         |
| 24 | Total ARC Revenues (Line 21 + Line 22 + Line 23)                                                   |         |
|    | Connect America Fund (CAF) ICC Support**                                                           |         |
| 25 | Connect America Fund (CAF) ICC upport (Line 20 Line 24)                                            |         |
|    | Revised CAF ICC Support with Imputed ARC Revenues for Broadband-Only Loops                         |         |
| 26 | Imputed ARC revenue for broadband-only loops                                                       |         |
| 27 | Adjusted Test Period 2024 2025 CAFICC Support (Line 25 Line 26)                                    |         |

NOTES: #Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants) \*\*NECA estimate provided for informational purposes only - actual to be calculated by USAC.

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent)Name the reporting carrier. I also certify that I a provided to the Authorized Agent; and, to | m an officer of the reporti | ng carrier; my respo | nsibilities include ensuring   | <del>-</del>                                                                                                                                                                       | of |  |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| Name of Authorized Agent : Na                                                                                               | ntional Exchange Car        | riers Association,   | Inc.                           |                                                                                                                                                                                    |    |  |
| Name of Reporting Carrier: RE                                                                                               | ED RIVER RURAL TE           | EL. ASSN. DBA R      | ED RIVER COMM                  |                                                                                                                                                                                    |    |  |
| The Signature of Authorized Officer:                                                                                        | omas Steinolfson            | nas Steinolfson      |                                | Digitally signed by Thomas Steinolfson DN:cn=Thomas Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,I=Abercrombie ND 58001, Date:5/30/2024 |    |  |
| Printed name of Authorized Officer:                                                                                         | 1                           | Thomas Steinolfso    | on                             |                                                                                                                                                                                    |    |  |
| Title or position of Authorized Officer:                                                                                    |                             | General Manage       | er/CEO                         |                                                                                                                                                                                    |    |  |
| Telephone number of authorized officer                                                                                      |                             | 701-553-8309         |                                |                                                                                                                                                                                    |    |  |
| Study Area Code of Reporting Carrier                                                                                        | 381631                      |                      | Due Date for this form d/yyyy) | 6/17/2024                                                                                                                                                                          |    |  |

#### 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 can<br>best of my knowledge, the information reported |             |           | e ensuring the accuracy of the actual d                                                                 | ata reported; and, to the  |                 |  |  |  |
|                                                                                                       | VER RURAL T |           | DBA RED RIVER COMM  Digitally signed by Thomas Steinolfson,email=toms@re rural tel. assn. dba red river | drivercomm.com,O=red river | Date: 5/30/2024 |  |  |  |
| Signature of Authorized Officer:                                                                      |             | 5/30/2024 |                                                                                                         |                            |                 |  |  |  |
| Printed name of Authorized Officer:                                                                   | Thomas Ste  | einolfson |                                                                                                         |                            |                 |  |  |  |
| Title or position of Authorized Officer:                                                              | General Man | ager/CEO  |                                                                                                         |                            |                 |  |  |  |
| Telephone number of Authorized Officer:                                                               | 701-553-83  | 09        |                                                                                                         |                            |                 |  |  |  |
| Study Area Code of Reporting Carrier                                                                  | 381631      |           | Filing Due Date for this form (mm/dd/yyyy)                                                              | 6/17/2024                  |                 |  |  |  |
|                                                                                                       |             |           | ished by fine or forfeiture under the Cer Title 18 of the United States Code, 1                         |                            | ,47 U.S.C.      |  |  |  |

#### 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: RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM Digitally signed by Thomas Steinolfson DN:cn=Thomas **Thomas Steinolfson** Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND Signature of Authorized Officer or employee: 58001, Date:5/30/2024 5/30/2024 Printed name of Authorized Officer or employee: **Thomas Steinolfson** Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 701-553-8309 Filing Due Date for this form Study Area Code of Reporting Carrier 381631 6/17/2024 (mm/dd/yyyy) 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                                                                                                                                                                                                                                                          | on of Officer for | Rate-of-Retu                                                                                                                   | rn Carrier Not Seeking Duplicativ                                               | ve 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: RED RI                                                                                                                                                                                                                                      |                   | EL. ASSN. [                                                                                                                    | DBA RED RIVER COMM  Digitally signed by Thomas Steir                            |             |              |  |  |  |  |
| Signature of Authorized Officer or employee:                                                                                                                                                                                                                           |                   | Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:5/30/2024 |                                                                                 |             |              |  |  |  |  |
| Printed name of Authorized Officer or employed                                                                                                                                                                                                                         | ee:               | Thomas Ste                                                                                                                     | einolfson                                                                       |             |              |  |  |  |  |
| Title or position of Authorized Officer or emplo                                                                                                                                                                                                                       | yee:              | General M                                                                                                                      | lanager/CEO                                                                     |             |              |  |  |  |  |
| Telephone number of Authorized Officer or en                                                                                                                                                                                                                           | nployee:          | 701-553-8                                                                                                                      | 309                                                                             |             |              |  |  |  |  |
| Study Area Code of Reporting Carrier                                                                                                                                                                                                                                   | 381631            |                                                                                                                                | Filing Due Date for this form (mm/dd/yyyy)                                      | 6/17/2024   |              |  |  |  |  |
|                                                                                                                                                                                                                                                                        |                   | •                                                                                                                              | thed by fine or forfeiture under the C<br>Title 18 of the United States Code, 1 |             | 4, 47 U.S.C. |  |  |  |  |