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June 11, 2025

Ms. Patricia Van Gerpen, Executive Director South Dakota Public Utilities Commission 500 East Capitol Avenue Pierre, SD 57501

Re: CAF ICC Data Informational Filing

Cheyenne River Sioux Tribe Telephone Authority

Study Area Code 391647

Dear Ms. Van Gerpen:

Part 54.304(d)(1) of FCC rules requires rate-of-return carriers seeking CAF ICC support to file data with State Commissions by the date of NECA's annual access tariff filing. NECA will be filing the interstate tariff with the FCC on Monday, June 16, 2025.

This letter and the accompanying attachments are submitted for electronic informational filing to certify that Cheyenne River Sioux Tribe Telephone Authority ("CRSTTA") has met the reporting requirements of 47 CFR § 54.304 and other applicable FCC rules. There are five attachments to this letter, all of which are filed on behalf of CRSTTA Study Area Code 391647, as follows:

- 1. Certification of Officer for Rate-of-Return Carrier Eligibility for CAF ICC Recovery,
- 2. Certification of Officer as to the Accuracy of the CAF ICC Data Reported,
- 3. Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery,
- 4. Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier, and
- 5. CONFIDENTIAL EXHIBIT 5 CAF ICC USAC/FCC Report for CRSTTA (Study Area Code 391647).

The Company certifies in this filing that it is eligible to receive and has elected to receive CAF ICC recovery; however, the Company is not seeking duplicative recovery.

Please note that items 1-4 listed above are not Confidential. Exhibit 5 is a Confidential filing and is marked Confidential. Please treat Exhibit 5 accordingly.



Ms. Van Gerpen CAF ICC Informational Filing CRSTTA Study Area 391647 Page Two

Please contact me if you have any questions. Thank you.

Sincerely yours,

RITER ROGERS, LLP

By:

Darla Pollman Rogers

DPR-wb Enclosures

Cc: Client (letter only)

Consultant (letter only)

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 Cheyenn	e River Sioux Ti	ribe Tele	ephone Authority		
Signature of authorized officer	1A10h			Date	05-28-2025
Printed name of authorized officer Gut	hrie Duchenead	x			
Title or position of authorized officer Bo	ard President				
Telephone number of authorized officer:	(605) 964-2600				
Study Area Code of Reporting Carrier	391647		Filing Due Date for this form (mm/dd/yyyy)	June 16,2025	

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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 Cheyenne River Sioux Tribe Telephone Authority

Signature of Authorized Officer

Printed name of Authorized Officer Guthrie Ducheneaux

Title or position of Authorized Officer Board President

Telephone number of Authorized Officer: (605) 964-2600 ext.

Study Area Code of Reporting Carrier

Study Area Code of Reporting Carrier

Study Area Code of Reporting Carrier

Sioux Tribe Telephone Authority

Date 05-28-2025

Filing Due Date for this form June 16, 2025

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, this 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 Cheyenne	e River Sioux Tribe	e Telephone Authority		
Signature of authorized officer	Date	05-28-2025		
Printed name of authorized officer Guth	rrie Ducheneaux			
Title or position of authorized officer Bo	ard President			
Telephone number of authorized officer:	(605) 964-2600			
Study Area Code of Reporting Carrier	391647	Filing Due Date for this form (mm/dd/yyyy)	June 16,2025	
		be punished by fine or forfeiture under		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 Carrier Association, Inc. (NECA) 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 are accurate.									
Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)									
Name of Reporting Carrier Cheyenne River Sioux Tribe Telephone Authority									
Signature of Authorized Officer		Date 05-28-2025							
Printed name of Authorized Officer Guthrie Ducheneaux									
Title or position of Authorized Officer Board President									
Telephone number of Authorized Officer: (605) 964-2600 ext									
Study Area Code of Reporting Carrier	391647		Filing Due Date for this form (mm/dd/yyyy)	June 16,2025					
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