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June 12, 2026

Ms. Leah Mohr, Executive Director
South Dakota Public Utilities Commission
500 East Capitol Avenue
Pierre, SD 57501

Re: CAF ICC Data Informational Filing
Golden West Telecommunications Cooperative
Golden West Study Area Code 391659

Dear Ms. Mohr:

This letter and the accompanying attachments are submitted for electronic informational filing to certify that Golden West Telecommunications Cooperate ("Golden West") has met the reporting requirements of 47 CFR § 54.304 and other applicable FCC rules. This filing pertains to Golden West Study Area Code 391659. There are five attachments to this letter, as follows:

1. Certification of Officer as to the Accuracy of the CAF ICC Data Reported;
2. Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier;
3. Certification of Officer for Rate-of-Return Carrier Eligibility for CAF ICC Recovery;
4. Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery; and
5. CONFIDENTIAL EXHIBIT – CAF ICC USAC/FCC Report for Golden West Study Area Code 391659.

Golden West 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.

Robert C. Riter, Jr., Of Counsel
A. Jason Rumpca

Darla Pollman Rogers

Lindsey Riter-Rapp
Ellie J. Bailey



Ms. Mohr
CAF ICC Informational Filing
Golden West Study Area 391659
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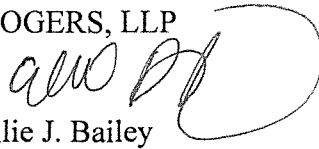
Please note that item 5 is a Confidential Exhibit and is marked as Confidential. Please treat it accordingly. Items 1-4 listed above are not confidential.

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

Sincerely yours,

RITER ROGERS, LLP

By:


Ellie J. Bailey

EJB-wb
Enclosures

Cc: Client (letter only)

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: [GOLDEN WEST TELECOM. COOP, INC.](#)

Signature of authorized officer: [Nick Rogness](#)

Digitally signed by Nick Rogness DN:cn=Nick Rogness,email=nickrogness@goldenwest.com,O=golden west telecom. coop, inc.,l=Wall SD 57790, Date:5/26/2026

Date: [5/26/2026](#)

Printed name of authorized officer: [Nick Rogness](#)

Title or position of authorized officer: [General Manager/CEO](#)

Telephone number of authorized officer: [605-279-2161](#)

Study Area Code of Reporting Carrier:

[391659](#)

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

[6/16/2026](#)

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.

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 is accurate.

Name of Authorized Agent: [National Exchange Carrier Association, Inc.](#)

Name of Reporting Carrier: [GOLDEN WEST TELECOM. COOP, INC.](#)

Signature of authorized officer: [Nick Rogness](#)

Digitally signed by Nick Rogness DN:cn=Nick Rogness,email=nickrogness@goldenwest.com,O=golden west telecom. coop, inc.,l=Wall SD 57790, Date:5/26/2026

Date: [5/26/2026](#)

Printed name of authorized officer: [Nick Rogness](#)

Title or position of authorized officer: [General Manager/CEO](#)

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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: [GOLDEN WEST TELECOM. COOP, INC.](#)

Signature of authorized officer or employee: [Nick Rogness](#)

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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: [GOLDEN WEST TELECOM. COOP, INC.](#)

Signature of authorized officer or employee: [Nick Rogness](#)

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