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June 16, 2026

Ms. Leah Mohr, 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. Mohr:

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.

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.

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

Darla Pollman Rogers

Lindsey Riter-Rapp
Ellie J. Bailey

Riter Rogers, LLP



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

Regards,

RITER ROGERS, LLP

By:

A handwritten signature in black ink, appearing to read 'Ellie J. Bailey', written in a cursive style.

Ellie J. Bailey

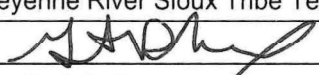
Enclosures

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				Cheyenne River Sioux Tribe Telephone Authority			
Signature of authorized officer					Date		05-27-2026
Printed name of authorized officer			Guthrie Ducheneaux				
Title or position of authorized officer			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, 2026		
<p>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.</p>							

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 

Date **05/27/26**

Printed name of Authorized Officer **Guthrie Ducheneaux**

Title or position of Authorized Officer **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, 2026

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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 River Sioux Tribe Telephone Authority	
Signature of authorized officer				Date	05/27/26
Printed name of authorized officer		Guthrie Ducheneaux			
Title or position of authorized officer		President of Board of Directors			
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, 2026		
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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 05-27-2026

Printed name of Authorized Officer Guthrie Ducheneaux

Title or position of Authorized Officer President

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

Study Area Code of Reporting Carrier	<u>391647</u>	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2026
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