EXHIBIT B-2

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FCC Fo	m/481/-Carrier Annual Reporting - Data Collection Form	TCCF00m401 COMECONDOING 200-0016/OMD CONTRING 200-001 Controlling 2003
<010>	Study Area Code	391673
<015>	Study Area Name	NEST RIVER (MOBRIDGE)
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Nichelle Ferreault
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7017484277 ext.4277
<039>	Contact Email Address: Email of the person Identified in data line <030>	michellep@wrtc.com
	Form Type	54.313 and 54.422

Page 1

La Long Street	ervice Quality/Improvement Reporting	CCP of the Control No. 3060-0819 CONTRol No. 3050-0986/QMB Control No. 3060-0819 CONTRol No. 3060-0819 CONTROL NO. 3060-0819
<010>	Study Area Code	391671
<015>	Study Area Name	NEST RIVER (NOBRIDGE)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nichelle Perreault
<035>	Contact Telephone Number - Number of person identified in data line <030>	7017484277 ext.4277
<039>	Contact Email Address - Email Address of person identified in data line <030>	michallepswrtc.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) 💿 🔘
<111>	If your answer to Line $<110>$ is yes, do you have an existing $54.202(a)$ "5 year plan" filed with the FCC?	(yes/no) 💿 🔿
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of volce telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	391671SD112BroadbandMap.pdf, 391671SD112.pdf company is a
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall b submitted at the wire center level or census block as appropriate.	e-year
<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	· · · · · · · · · · · · · · · · · · ·	Yes
<115>	How much (USF) was used to improve service quality and how support was used to impro	rove service quality Yes
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage Yes
<117>	How much (USF) was used to improve service capacity and how support was used to impr	prove service capacity Yes
<118>	 Provide an explanation of network improvement targets not met in the prior calendar year. 	Not Applicable

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<010> Study Area Code

Study Area Name

<015>

391671 WEST RIVER (MOBRIDGE)

 <020>
 Program Year
 2017

 <030>
 Contact Name - Person USAC should contact regarding this data
 Michelle Perreault

 <035>
 Contact Telephone Number - Number of person Identified in data line <030>
 7017484277 ext.4277

<039> Contact Email Address - Email Address of person identified in data line <030> michellepewzto.com

<210> For the prior calendar year, were there any reportable voice service outages? No

<220>	<3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<0>>	<c2></c2>	<d></d>	<e></e>	<7>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	, Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check		Service Outage	Preventative
	L						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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Page 3

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<010> Study Area Code 391671 <015> Study Area Name NEST RIVER (MOSRIDGE) <020> Program Year 2017 <030> Michelle Perreault Contact Name - Person USAC should contact regarding this data 7017484277 ext.4277 Contact Talephone Number - Number of person identified in data line <030> <035> <039> Contact Email Address - Email Address of person identified in data line <030> michellep@wrtc.com <300> Unfulfilled service request (voice) 0 <310> Detail on attempts (voice) Name of Attached Document <320> Unfulfilled service request (broadband) 0

<330> Datail on attempts (broadband)

Name of Attached Document

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Page 5

<010>	Study Area Code	331671	~~
<015>	Study Area Name	NEAT RIVER (NORALDOS)	
<020>	Program Year	ינונ	
<030>	Contact Name - Person USAC should cont	act regarding this data Nieto	talle Perresult
<035>	Contact Telephone Number - Number of   <030>	person identified in data line	7817434577 em2.4377
<039>	Contact Email Address - Email Address of <030>	person identified in data line	pichilophoto.ove .
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voic calendar year for each service area in whi any facilities you own, operate, lease, or o	e telephony service in the prior in you are designated an ETC fo	of Offered only fixed voice
<410>	Complaints per 1000 customers for fixed	/oice	0.0
<420>	Complaints per 1000 customers for mobil	e voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gr the prior calendar year for each service ar an ETC for any facilities you own, operate	eater) for broadband service in rea in which you are designated	In Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed	broadband	0.0

<450> Complaints per 1000 customers for mobile broadband

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COLOP Study Area Code COLOP Study Area Name	<020> Program Year	Contact Name - Pers	Contact Telephone ?	Contact Email Addre	Certify compliance re
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<010> Study Area Code	351671
<015> Study Area Name	HEST RIVER (MORRIDGE)

<020> Program Year 2017	
<030> Contact Name - Person USAC should contact regarding this data Michalle Perreault	
<035> Contact Telephone Number - Number of person identified in data line <030> 7017484277 ext. 4277	
<039> Contact Email Address - Email Address of person Identified In data line <030> Intchellepowrece.com	

1/1/2016

<701> Residential Local Service Charge Effective Date

**\$77** 

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<702> Single State-wide Residential Local Service Charge

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<010>	Study Area Code	391571
<015>	Study Area Name	NEST RIVER (MOBRIDGE)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michele Perreault
<035>	Contact Telephone Number - Number of person identified in data I	ne <030> 7027484277 ext.4277
<039>	Contact Email Address - Email Address of person identified to data i	na chana michailananna con

nact Email Address - Email Address of person Identified in data line <030> micbelleparte.com

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u>			1651966 <u>6</u> 1566	C-10-5625	La contration	New Weddaler		Assection States	A DIGREGATION OF
	State	Exchange (ILEC)	Residential Rate	State Regulated	Total Rate and Fees	Broadband Service - Download Speed	Broadband Service - Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Umit Reached (select )
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<010>	Study Area Code	391671		
<015>	Study Area Name	MEST RIVER (	MARTINE	***************************************
<020>	Program Year	2017		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
<030>	Contact Name - Person USAC should contact regarding the		rreault	***************************************
<035>	Contact Telephone Number - Number of person Identified			
<039>	Contact Email Address - Email Address of person identified	in data line <030> michellepa	rrtc.com	
<810>	Reporting Carrier Nest River Talacommunication	na Cooperative Mobridge		
<811>	Holding Company Nest River Telecommunication	ons Cooperative		
_<812>	Operating Company West River Telecommunication	ona Cooperative		
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900)ITHB 1466.COll	alltandsReporting echton Form	<ul> <li>First Form (B)</li> <li>First Form (B)</li></ul>
<010>	Study Area Code	391672
<015>	Study Area Name	Mest River (Nobridge)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nichelle Parreault
<035>	Contact Telephone Number - Number of person identified in data line <030>	7017484277 ext.4277
<039>	Contact Email Address - Email Address of person identified in data line <030>	michellep@wrtc.com
<900>	Does the filing entity offer tribal land services? (Y/N)	Yes
<910>	Tribal Land(s) on which ETC Serves	Standing Rock Indian Reservation FO How D Fort Yates, ND 58538-0522 Cheyenne River Indian Reservation FO Box 590 Engle Butte, 5D 57625
<920>	Tribal Government Engagement Obligation	39167160920.pdf
		Name of Attached Document
to confi demon:	company serves Tribal lands, please select (Yes,No, NA) for each these boxes Irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Yaz
<922>	Feasibility and sustainability planning;	Yes
<923>	Marketing services in a culturally sensitive manner;	Xes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
-020		

Yes

Not Applicable

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<928> Compliance with Cultural Preservation review processes

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<929> Compliance with Tribal Business and Licensing requirements.

Page 11

	iceant Broad band Service Rate Comparability ctioninorm		Page 12 CCTDTT/98 AT 11. OMBControl Not 3050/0986/OMBControl Not 3060/0819/ Bit /2013
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	Study Area Code		1671
<015>	Study Area Name		st river (Kobridge)
<020>	Program Year	20	
<030>	Contact Name - Person USAC should contact regarding this data		chelle Perreault
<035>	Contact Telephone Number - Number of person Identified In data line <		017484277 ext.4277
<039>	Contact Email Address - Email Address of person Identified in data line <	030> md	[chellepBwrtc.com
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	3916715	D1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification	Yes - 1 the Wi:	Pricing is no more than the most recent applicable benchmark announced by reline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance		
			Name of Attached Document

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<010>	Study Area Code	391671
<015>	Study Area Name	West River (Mobridge)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Perrozult
<035>	Contact Telephone Number - Number of person identified in data line <030>	7017484277 ext.4277
<039>	Contact Email Address - Email Address of person identified in data line <030>	micbellep@wrtc.com

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

	· •
Yes	1
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<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

	msiand Condition for Ufeline Customers in the second state of the		End to the second s
feline			Processor 481 NON Control No. 1986-9986/OMB control No. 2060-0819 No. 1986-9986/OMB control No. 2060-0819
ata Colle	ection Form		
<010>	Study Aron Code		
<010>	Study Area CodeStudy Area Name	*****	391671
<020>	Program Year		MEST RIVER (MOBRIDGE)
<030>	Contact Name - Person USAC should contact regarding this data		2007
<035>	Contact Telephone Number - Number of person Identified in data line <	-0305	Michelle Perreault 7017454277 ext.4277
<039>	Contact Felephone Wannee - Namber of person identified in data line		
	Contact child Address - Lingh Address of person identified in data me	10007	michellep\$vrtc.com
		ſ	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
		L	Name of Attached Document
<1220>	Link to Public Website	TTP ,	www.westriv.com/about-us/assistance programs/
	heck these boxes below to confirm that the attached document(s), on line 1210	),	
	bsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually	report:		
<1221>	Information describing the terms and conditions of any voice	71	
~~~~~	telephony service plans offered to Lifeline subscribers,	respondent i	
<1222>	Dataile on the number of microscopy day as part of the plan	71	
~*****	Details on the number of minutes provided as part of the plan,	mins	
<1223>	Additional charges for toll calls, and rates for each such plan.	\checkmark	
	-		

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(2000) Price	Cop/Carlen Additional Occumentation	
Data Collect	anlfarm 19 Of Revin Carrens officiates with Price Capitocal Exchange Carries 1	An and a start of the start
		R (NOBRIDGE)
	rogram Year 2017 ontact Name - Person USAC should contact regarding this data Michelle	24-YA 3117
	ontact Telephone Number - Number of person identified in data line <030> 701748427	7 oxt.4277
	ontatt Email Address - Email Address of person Identified in data line <030> michellep	
Select the	e appropriate responses below (Yes, No, Not Applicable) to note complian	ce as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, The information reported on this form and in the documents attached below is accurate.
		The information reported on this form and in the obcuments attached below is accurate.
lr	ncremental Connect America Phase I reporting	
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for t	•
	2016 certification, this applies to Round 2 recipients of Increm Support	ental
<2011>		the July 1
	2016 certification, this applies to Round 1 recipients of Increm	
	Support	
<2022>		
	acceptance of funding pursuant to 54.312(c), that the location	
	question are not receiving support under the Broadband Initia Program or the Broadband Technology Opportunities Program	
	projects that will provide broadband with speeds of at least 4	
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
<2023>		
	capital funding expended in the previous year in meeting Con	
	America Phase I deployment obligations, accompanied by a lis blocks Indicating where funding was spent. This covers year t	
	54.313(b)(2)(ii). Round 2 recipients only.	
<2024A		
420240	Attach list of sensus blocks is direction where fire discovery	the war Mana of Attached Document Listing
<2024B	Attach list of census blocks indicating where funding was sper two - 54.313(b)(2)(ii). Round 2 recipients only.	nt in year Name of Attached Document Listing Required Information
<2025A		
<20258		
	year three and Round 2 for year two) - Connect America Fund	I, WC Required Information
	Docket 10-90, Report and Order, FCC 13-	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313	(c)(4)
		Page 15

CHARLEN COLORING	rilense before the	Solution a local test-	tes de la sectore	Survey and a
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} <2016> Certification support used to build broadband Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

(2000) Phoelcapicarriet Additional Documentation (Continued)

Collection Form?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

cap carrier used for capital expenditures in 2015.

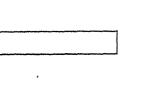
- <2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)
- <2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)
- <2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)
- <2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 54.313(e)(4)
- <2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)
- <2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 54.313(e)(6)

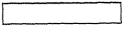
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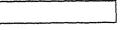
Name of Attached Document Listing

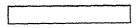
Required Information

Name of Attached Document Listing Required Information









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(3005) fals (Data Collection	I Reum Canite Additional Documents Sont	A set of the set of
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<010>	Study Area Code	391671
<015>	Study Area Name	WEST RIVER (MOBRIDGE)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Perreault
<035>	Contact Telephone Number - Number of person identified in data line <030>	7017484277 ext.4277
<039>	Contact Email Address - Email Address of person identified in data line <0.00	michellep@wrtc.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
		Yes - Attach Certific	ation
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(1)		1916715D3010.pdf
(30108)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(1))	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Usting Required	· ·
(3013)	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) (9 ()	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contrains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports		
10000)	(Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, income Statement and Statement of Cash Flows		381637nd3017.pdf
(3017)	lf the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Ether a copy of their audited financial statement; or		
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, income Statement and Statement of Cash Flows		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line		
(3022)	3026 pursuant to \$ 54,313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying Information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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(Bool) Alle Of Return Carrier Advisorial Continuentation (Continued).

<0	10> Study Area Code	391671
<0	15> Study Area Name	Hest River (Mobridge)
<0	20> Program Year	2017
<0	30> Contact Name - Person USAC should contact regarding this data	Michelle Perreault
<0	35> Contact Telephone Number - Number of person identified in data line <030>	7017484277 ext.4277
<0	39> Contact Email Address - Email Address of person identified in data line <030>	michelleu@wrtg.com
Inter		

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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Name of Attached Document Listing Required Information

Page 19

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<010>	Study Area Code	- , ⁶	232472	
<015>	Study Area Name		KNOT RETER DECINE	>>=
<020>	Program Year		2117	
<030>	Contact Name - Person USAC should contact	regarding this data	Richells Parres	
<035>	Contact Telephone Number - Number of per	son Identified in data li	ne <030> 741	5464317 682.4277
<039>	Contact Emall Address - Email Address of per	rson identified in data i	ine <030> atom	llep#rtp.opt

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. R85 participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses Name of Attached Document Using Required information of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations -- FCC 14-98 (paragraph 80)

40042, Attach a list of geocoded locations to which broadband has been deployed as of the June 1st Immediately preceding the July 1st filling Name of Attached Document Listing Required Information deadling for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant publicservice obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information speed and data usage allowances available in the relevant geographic area.

and the second se		
<010>	Study Area Code	391671
<015>	Study Area Name	NEST RIVER (MOBRIDGE)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Perreault
<035>	Contact Telephone Number - Number of person Identified in data line <030>	7017484277 ext.4277
<039>	Contact Email Address - Email Address of person Identified in data line <030>	michellep@wrtc.com

FCC Form 481

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

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Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for	CAF or LI Recipients	
l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: WEST RIVER (MOBRIDGE)		
Signature of Authorized Officer. CERTIFIED ONLINE	Date 06/20/2016	
Printed name of Authorized Officer: Troy Schilling		
Title or position of Authorized Officer: CEO/General Hanager		
Telephone number of Authorized Officer: 7017482211 ext.4211		
Study Area Code of Reporting Carriers 391671 Filing Due Date for this form: 07/01/2016		
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.		

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<010>	Study Area Code	391671
<015>	Study Area Nama	FEST RIVER (MOBRIDGE)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Perregult
<035>	Contact Telephone Number - Number of person Identified In data line <030>	7017484277 ext.4277
<039>	Contact Email Address - Email Address of person identified in data line <030>	michelleptwrtc.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
l certify that (Name of Agent) Is authorized to submit the information reported on behalf of the reporting carri also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent;		
Name of Reporting Camer:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Ares Code of Reporting Carrier:	Filing Due Date for this form:	
Persons within making false statements on this form c	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 38 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; inter provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:
Name of Authorized Agent or Employee of Agent:
Date:
Name of Authorized Agent or Employee of Agent
Telephone number of Authorized Agent or Employee of Agent:
Study Area Code of Reporting Carrier:
Filing Due Date for this form:

Persons Wilfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,

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