EXHIBT B-2

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391671	
<015>	Study Area Name	WEST RIVER(MOBRIDGE)	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Michelle Perreault	
<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	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

									July	2013		
<010>	Study Area Co	ode				391671						
<015>	15> Study Area Name				WEST RIVER(MOBRIDGE)						
<020>	Program Year				2018							
<030>	Contact Name	Contact Name - Person USAC should contact regarding this data					rreault					
<035>	Contact Telephone Number - Number of person identified in data line <030> 7017484277 ext.4277											
<039>	Contact Email	Address - Ema	il Address of pe	erson identified	l in data line <0)30> michellep@w	rtc.com					
<210>	For the prior	r calendar yea	ar, were there	any reportal	ble voice serv	ice outages?	No					
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
						[

	ulfilled Service Request ection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	ol No. 3060-0819
<010>	Study Area Code		391671			
<015>	Study Area Name		WEST RIVER(MOBRIDGE)			
<020>	Program Year		2018			
<030>	Contact Name - Person USAC should contact regarding this dat	а	Michelle Perreault			
<035> Contact Telephone Number - Number of person identified in data line <030> 7017484277						
<039>	Contact Email Address - Email Address of person identified in o	lata line <030>	michellep@wrtc.com			
<300> U	nfulfilled service request (voice)		0	•		
<310> D	Detail on attempts (voice)					
		Name	e of Attached Document			
<320> Unfulfilled service request (broadband)		0				
<330>	Detail on attempts (broadband)		lame of Attacked Document			_
		N	lame of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391671	
<015>	Study Area Name	WEST RIVER(MOBRIDGE)	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should conta	act regarding this data Michelle Perreault	
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 7017484277 ext.4277	
<039>	Contact Email Address - Email Address of p <030>	person identified in data line michellep@wrtc.com	
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whice any facilities you own, operate, lease, or of	e telephony service in the prior Offered only fixed voice hyou are designated an ETC for	
<410>	Complaints per 1000 customers for fixed v	oice 0.0	
<420>	Complaints per 1000 customers for mobile	e voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in Offered only fixed broadband ea in which you are designated	
<440>	Complaints per 1000 customers for fixed b	proadband 0.0	
<450>	Complaints per 1000 customers for mobile	e broadband	

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	391671				
<015>	Study Area Name	WEST RIVER(MOBRIDGE)				
<020>	Program Year	2018				
<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				
<500>	<500> Certify compliance with applicable service quality standards and consumer protection rules Yes					
		391671SD510.pdf				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	<515> Certify compliance with applicable minimum service standards					

600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	391671	
<015> Study Area Name	WEST RIVER(MOBRIDGE)	
<020> Program Year	2018	
<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	
<600> Certify compliance regarding ability to function in emergency situations	Yes	
<610> Descriptive document for Functionality in Emergency Situations	381637SD610.pdf	

(700) Price Offerings including Voice Rate Data		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	391671	-
<015> Study Area Name	WEST RIVER(MOBRIDGE)	
<020> Program Year	2018	
<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	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
									+
					See at	tached worksheet			
									1
				•					
									1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	91671
<015>	Study Area Name	WEST RIVER(MOBRIDGE)
<020>	Program Year	2018
<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

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
				 See attack worksheet - 	hed				
				, romanout					

(800) Operating Companies	FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	391671	
<015> Study Area Name	WEST RIVER(MOBRIDGE)	

WEST RIVER(MOBRIDGE)

2018

<020> Program Year

<030>	Contact Name - Person l	JSAC should contact regarding this data	Michelle Perreault
<035>	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
<810>	Reporting Carrier	West River Telecommunications Cooperative Mc	obridge
<811>	Holding Company	West River Telecommunications Cooperative	
<812>	Operating Company	West River Telecommunications Cooperative	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-	See atta	ched worksh	eet
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(900) Tribal Lands Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391671	
<015>	Study Area Name	WEST RIVER(MOBRIDGE) 2018	
<020>	Program Year 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	
<900>	Does the filing entity offer tribal land services? (Y/N)	Yes	
<910>	Tribal Land(s) on which ETC Serves	Standing Rock Indian Reservation PO Box D Fort Yates, ND 58538-0522 Cheyenne River Indian Reservation PO Box 590 Eagle Butte, SD 57625	
<920>	Tribal Government Engagement Obligation	381637SD920.pdf	

Name of Attached Document

to confirm the status described on the attached PDF, on line 920, $demonstrates\ coordination\ with\ the\ Tribal\ government\ pursuant\ to$ § 54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<928>

<929>

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes

Select		
Yes or No or		
Not Applicable		
Yes		
Yes		
Not Applicable		

			1 450 1
(1000) Voice and Broadband Service Rate Comparability			FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code		391671
<015>	Study Area Name		WEST RIVER(MOBRIDGE)
<020>	Program Year		2018
<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
<1000>	Voice services rate comparability certification	Yes	s
<1010>	Attach detailed description for voice services rate comparability compliance	1010	O Voice Services Rate Comparability.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		s - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance		
			Name of Attached Document

o Terrestrial Backhaul Reporting		FCC Form 481
		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Code	391671	
Study Area Name	WEST RIVER(MOBRIDGE)	
Program Year	2018	
Contact Name - Person USAC should contact regarding this data	Michelle Perreault	
Contact Telephone Number - Number of person identified in data line <030>	7017484277 ext.4277	
Contact Email Address - Email Address of person identified in data line <030>	michellep@wrtc.com	
Certify whether terrestrial backhaul options exist (Y/N)	Yes	
	kbps	
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Certify whether terrestrial backhaul options exist (Y/N) 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	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Tontact Email Address - Email Address of person identified in data line <030> michellep@wrtc.com Certify whether terrestrial backhaul options exist (Y/N) Yes 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

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	391671
<015>	Study Area Name	WEST RIVER(MOBRIDGE)
<020>	Program Year	2018
<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
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP w	ww.westriv.com/about-us/assistance programs/
or the we	neck 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 report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2005) Pı	05) Price Cap Carrier Additional Documentation FCC Form 481		
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	391671	
<015>	Study Area Name	WEST RIVER(MOBRIDGE)	
<020>	Program Year	2018	
<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	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of		
	census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Trequired information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
-2010	2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<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)(1)(ii)(A)	Name of Attached Document Listing Required Information
<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)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391671
<015>	Study Area Name	WEST RIVER(MOBRIDGE)
<020>	Program Year	2018
<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

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

(2000)	Progress Report on 5 Year Plan			
(3009)	Carrier certifies to 54.313(f)(1)(iii)	***	-: 1 governe	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	Ye	es - Attach Certific	391671SD3010b.pdf
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors	
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	• 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports		V	
(2016)	(Operating Report for Telecommunications Borrowers) Description (a) with Balance Shoot, Income Statement		·	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			391671sd3017 (4).pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	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:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	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) with Balance Sheet, Income Statement and Statement of Cash Flows]
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ıment Listing Required	

REDACTED - FOR PUBLIC INSPECTION

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391671
<015>	Study Area Name	WEST RIVER(MOBRIDGE)
<020>	Program Year	2018
<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

Singuisial Data Communica	
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	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391671
<015>	Study Area Name	WEST RIVER(MOBRIDGE)
<020>	Program Year	2018
<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 li	ine <030> michellep@wrtc.com

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. RBE 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.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses 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)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391671
<015>	Study Area Name	WEST RIVER(MOBRIDGE)
<020>	Program Year	2018
<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

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I 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 06/27/2017

Printed name of Authorized Officer: Troy Schilling

Title or position of Authorized Officer: CEO/General Manager

Telephone number of Authorized Officer: 7017484211 ext.

Study Area Code of Reporting Carrier: 391671 Filing Due Date for this form: 07/03/2017

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 - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391671	
<015>	Study Area Name	WEST RIVER(MOBRIDGE)	
<020>	Program Year	2018	
<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	

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

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report	is authorized to submit the information reported on behalf of the reporting carr y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	n 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 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; I have 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 Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ager	nt	
Telephone number of Authorized Agent or Employee of A	agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title