

# Via Electronic Filing

June 10, 2015

Ms. Patricia Van Gerpen
Executive Director
South Dakota Public Utilities Commission
State of South Dakota
500 East Capitol Avenue
Pierre, SD 57501-5070

RE: FCC ETC Reporting Requirements - 47 C.F.R. Section 54.313 (h)

Dear Ms. Van Gerpen:

In accordance with 47 C.F.R. Section 54.313(h), annual ETC reporting requirements for high-cost recipients, James Valley Telecommunication hereby submits the following information.

If you have any questions or comments, please do not hesitate to contact me at (800) 556-6525.

Sincerely,

James Groft

**CEO** 

James Valley Telecommunications

**Enclosures** 

## Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier James Vall	ey Cooperativ	e Telephone Company		
Signature of authorized officer	was Ind	<b>/</b>		Date 6/9/15
Printed name of authorized officer Jame	s Groft (	/		
Title or position of authorized officer CEC	)			
Telephone number of authorized officer: (6	505) <sub>;</sub> 397-2323	, ext.		
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	
V V V				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier					
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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.  I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.					
		ssociation (NECA)			
Name of Reporting Carrier James Vall	ey Cooperativ	re Telephone Company			
Signature of authorized officer Cames Just Da			Date 6/9/15		
Printed name of authorized officer James Groft $V$					
Title or position of authorized officer CEO			***************************************		
Telephone number of authorized officer: (6	05), 397-2323	ext			
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015		
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### Rate Floor Data Collection - OMB Control Number 3060-0986

### Block 1 - Contact Information

ROW		FORMAT OF			
#	DATA ELEMENT	REQUESTED DATA	RESPONSE		
1 Carrier Study Area Code		6 numeric digits	391664		
2 Carrier Study Area Name		alpha characters	JAMES VALLEY COOPERATIVE TELEPHONE COMPANY		
3 Service Provider Identification Number		9 numeric digits	143002236		
4 Residential Local Service Charge Effective Date		mm/dd/yy	07/01/15		
5 Contact	Name	alpha characters	Berndt, Tanya M		
6 Contact	Telephone Number (include area code)	9 numeric digits	605-725-1073		
7 Sheet Nu	ımber	numeric digit(s)			
8 Total Nu	mber of Sheets	numeric digit(s)			

### Block 2 - Residential Local Service Rates, Fees and Line Counts

Column 4 Mandatory Extended Area

	Extended Area						
		Column 2 State	Column 3 State Universal	Service	Column 5		
	Column 1 Residential Local Service Charge	Subscriber Line Charge	Service Fee	Charge	Loops	Column 6 Exchange Name/Zone Name	Column 7 Class Of Service
9	18.4	5 0.00	0.00	0.00		Andover	Residential
10	18.4	5 0.00	0.00	0.00		Andover	Lifeline
11	19.4	0.00	0.00	0.00		Bristol	Residential
12	19.4	0.00	0.00	0.00		Bristol	Lifeline
13	18.4	0.00	0.00	0.00		Claremont	Residential
14	18.4	0.00	0.00	0.00		Claremont	Lifeline
15	17.0	0.00	0.00	0.00		Columbia	Residential
16	17.0	0.00	0.00	0.00		Columbia	Lifeline
17	17.0	0.00	0.00	0.00		Conde	Residential
18	17.0	0.00	0.00	0.00		Conde	Lifeline
19	19.4	0.00	0.00	0.00		Doland	Residential
20	19.4	0.00	0.00	0.00		Doland	Lifeline
21	18.4	0.00	0.00	0.00		Ferney	Residential
22	18.4	0.00	0.00	0.00		Ferney	Lifeline
23	18.4	0.00	0.00	0.00		Groton	Residential
24	18.4	0.00	0.00	0.00		Groton	Lifeline
25	17.0	0.00	0.00	0.00		Hecla	Residential
26	17.0	0.00	0.00	0.00		Hecla	Lifeline
27	17.0	0.00	0.00	0.00		Houghton	Residential
28	17.0	0.00	0.00	0.00		North Hecla	Residential
29	17.0	0.00	0.00	0.00		Turton	Residential