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IDAHO PUBLIC UTILITIES COMMISSION

June 15, 2022

### Via United States Mail

Daniel Klein, Telecom Analyst Idaho Public Utilities Commission 11331 W. Chinden Blvd. Building 8, Suite 201-A Boise, ID 83714

RE:

WC Docket No. 10-90: Administration of Connect America Fund

Intercarrier Compensation Replacement §54.304(d)(1).

IPUC File No:

GNR-T-22-01

## Dear Daniel:

As you know, I represent the Idaho Telecom Alliance ("ITA"). I have submitted the CAF ICC information filing to you pursuant to 47 C.F.R. §54.304(d)(1) of the Federal Communications Commission's rules for the following ITA member companies: Albion Telephone Company, Cambridge Telephone Company, Custer Telephone Cooperative, Inc., Direct Communications Rockland, Inc., Farmers Mutual Telephone Company, Midvale Telephone Company, Project Mutual Telephone Cooperative Association, Inc., and Rural Telephone Company. Enclosed are the trade secret and confidential data for CAF ICC funding for July 1, 2022 through June 30, 2023 submitted in connection with that filing. Other companies may have filed this information separately from this filing.

This information is considered trade secret and confidential pursuant to Section 74-107(1) of the Idaho Code, and is submitted to you on yellow paper in sealed envelopes.

If you have any questions regarding this information, please feel free to contact me.

Sincerely,

Cynthia A. Melillo

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**Enclosures** 

#### 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 carr			ensuring the accuracy of the actual d	ata reported; and, to the			
best of my knowledge, the information reported	on this form is ac	curate.					
Name of Reporting Carrier: CUSTE	R TEL. COOPE	EDATIVE IN	NO.				
		EKATIVE II	Digitally signed by James Be				
James Bennetts			Bennetts,email=jd.bennetts@custertel.com,O=custer tel. cooperative inc.,I=Challis ID 83226, Date:5/19/2022 Date: 5/19/2			E/40/2022	
Signature of Authorized Officer:					Date.	5/19/2022	
Printed name of Authorized Officer: James Bennetts							
Title or position of Authorized Officer:	CEO						
Telephone number of Authorized Officer:	208-879-228	31					
			Filing Due Date for this form				
Study Area Code of Reporting Carrier	472218		(mm/dd/yyyy)	6/16/2022			
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.							
23							

# 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 Carriers Association, Inc. 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 knwoledge, the actual data provided to the Authorized Agent is accurate.							
Name of Authorized Agent :	National Exchange Car	rriers Association	, Inc.				
Name of Reporting Carrier: CUSTER TEL. COOPERATIVE INC.							
Digitally signed by James Bennetts DN:cn=James  James Bennetts  Bennetts.email=jd.bennetts@custertel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/19/2022  Signature of Authorized Officer:			ustertel.com,O=custer tel.	Date:	5/19/2022		
Printed name of Authorized Officer:		James Bennetts					
Title or position of Authorized Officer: CEO							
Telephone number of authorized off	icer:	208-879-2281					
Study Area Code of Reporting Carri	er 472218		Due Date for this form dd/yyyy)	6/16/2022			
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.							

### 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: CUSTER TEL. COOPERATIVE INC.							
	James E	Bennetts	Bennetts,email=jd.bennetts@cus	Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custertel.com,O=custer tel.			
Signature of Authorized Officer or employee:  Cooperative inc.,i=Challis ID 83226, Date:5/19/2022  Date: 5/19/2022							
Printed name of Authorized Officer or employee: James Bennetts							
Title or position of Authorized Officer or employee: CEO							
Telephone number of Authorized Officer or employee: 208-879-2281							
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	Y. T. T.		
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.							

## 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, 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: CUSTE	R TEL. COOPE	RATIVE	NC.  Digitally signed by James Benn	etts DN:cn=.lames			
James Bennetts Bennetts,email=jd.bennetts@custertel.com,O=custer tel.							
cooperative inc.,I=Challis ID 83226, Date:5/19/2022 Signature of Authorized Officer or employee:						5/19/2022	
Printed name of Authorized Officer or employee: James Bennetts							
Title or position of Authorized Officer or employee: CEO							
	, , , , , , , , , , , , , , , , , , , ,						
Telephone number of Authorized Officer or employee: 208-879-2281							
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022			
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.							