20170621142743 Filed Date: 06/21/2017 State Corporation Commission of Kansas

LAW OFFICES JAMES M. CAPLINGER, CHARTERED 823 S.W. 10TH AVE. TOPEKA, KS 66612-1618

JAMES M. CAPLINGER (1929 – 2015) JAMES M. CAPLINGER, JR. COLLEEN R. JAMISON (785) 232-0495 Fax (785) 232-0724 <u>jrcaplinger@caplinger.net</u> <u>colleen@caplinger.net</u>

June 21, 2017

Lynn M. Retz, Secretary Kansas Corporation Commission 1500 Arrowhead Rd Topeka, KS 66604

RE:

Docket No. 17-GIMT-405-GIT

Calleen & Jameson

Rate floor certification

Dear Ms. Retz:

On behalf of Golden Belt Telephone Association, attached please find the rate floor certifications required by the Commission to be filed in this docket by July 3, 2017.

Some information in this filing has been marked as confidential; the company believes that the information is of such competitive sensitivity that its disclosure to any person other than the company, the Commission, and Staff is prohibited by K.S.A. 66-1220a. The Commission has not issued a protective order in this docket. As always, if you have any questions, please do not hesitate to contact me.

Cordially yours,

Colleen R. Jamison

cc:

Beau Rebel

Encl.

Certification	of Officer as to	the Accuracy of the Data Reported	d for the Rate Fl	oor Data
		; my responsibilities include ensuring th formation reported on this form is accur		actual rate floor data
Name of Reporting Carrier Golden I	Belt Telephor	e Association		
Signisture of authorized officer				Date
Printed name of authorized officer Bear	ı D. Rebel			
Title or position of authorized officer Ge	neral Manag	er		
Telephone number of authorized officer: (785,372 <u>-42</u> 36	5 ext.		
Study Area Code of Reporting Carrier	411777	Filing Due Date for this form (mm/dd/yyyy)	07/01/2017	

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

		e an Agent to File Rate Floor Data		
I certify that <u>National Excha</u> the information reported on t include ensuring the accurac actual rate floor data provide	nge Carrier Associ- chalf of the repor- y of the actual rat d to the authorize	etion (NECA) ting camer. I also certify that I am an off of a securate. I agent is accurate.	ficer of the report gent; and, to the	s authorized to submit ting carrier; my responsibilities best of my knowledge, the
I certify that I am authorized the information reported here reported herein is accurate.	o submit the infor in based on data	mation reported on this form on behalf or provided by the reporting carrier; and to	of the reporting c the best of my k	arrier; that I have provided nowledge the information
Name of Authorized Agent National E	xchange Carrier	Association (NECA)		
Name of Reporting Carrier Golden	Belt Telepho	ne Assogiation		
Signature of authorized officer	~ \/ ((5)		Date 6-9-17
Printed name of authorized officer Bes	za D. Rebel			
	neral Manaş	ger		
Title or position of authorized officer Ge				
Title of position of authorized officer	785,372-423	6 _{ext}		