THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

Before Commissioners:	Chair Shari Feist Alb Commissioner Jay Commissioner Pat	Scott Emler	
In the Matter of Certification of with Section 254(e) of the Feder Telecommunications Act of 199 Certification of Appropriate Use Universal Service Fund Support	ral) 96 and) e of Kansas)	Docket No. 18-GIMT-394-GIT	
FEDERAL HIO FCC D and KANSAS	ocket Reference: CC	SAL SERVICE SUPPORT C Docket No. 96-45 VICE FUND SUPPORT nt legibly)	
1. My title is	Director of Utilit	ties	_ of
City of Chanute	(Com	npany/ Cooperative). In this capacity, I an	n in a
position of authority to direct how	federal high-cost Univer	rsal Service Fund (USF), Connect America	Fund
(CAF) support, and/or Kansas Uni	versal Service Fund (KU	USF) support received will be used and by	y this
certification I am binding	City of Chanute	(Company/Cooperative) to	o the
statements made in this certification	ı.		
2. City 6	of Chanute(Co	ompany/Cooperative) was named as an eli	igible
telecommunications carrier by the l	Kansas Corporation Con	nmission (KCC) for federal support purpos	ses in
Docket No18-GIMT	-394-GIT by order of	dated and KUSF support pur	poses
in Docket No18	by order dated		
3. By this affidavit,	I certify that the USF	F, CAF and/or KUSF received byNo	funds
received(Comp	oany/Cooperative) was u	used in the proceeding calendar year 2017	<u>7</u> and
will be used in the new calendar year	ar <u>2019</u> <i>only</i> for the pro	ovision, maintenance, and upgrading of faci	lities

Attachment 1

and services for which the support is intended, consistent with Section 254(e) of the Telecommunications Act, and/or Kansas statutes and KCC requirements.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

(Pursuant to Kan. Stat. Ann. 53-601.)

Signature

___Larry Gates

Printed/Typed Name

Executed on ____4/19/2018_____ date.

Email address: ____lgates@chanute.org____

Company Name	: City of Chai	nute	
	DATA YEAR:	2017	
	LINE	REGULATED AMOUNT	
WORKING LOOPS 1. Total Loops	(060)		
2. Category 1.3 Loops	(070)		
INVESTMENT			
1. Plant Accounts			
a. Acct 2001	(160)		
2. Selected Plant Accounts			
a. Acct 2210	(230)		
b. Acct 2220 c. Acct 2230	(235) (240)		
d. Total Central Office Equip	(240)_	\$ -	
e. Circuit Equip Cat 4.13	(250)	V	
f. Acct 2410	(255)		
AMORTIZABLE TANGIBLE ASSETS			
Acct. 2680 Tot Assets	(800)		
Acct. 2680 (2230) COE Trans	(805)		
Acct. 2680 (Cat. 4.13) COE Trans	(810)		
Acct. 2680 (2410) Total CWF	(815)		
Acct. 2680 (2410) CWF-Cat 1 Acct. 6560 (2680) Dep & Amort	(820) (830)		
, ,	(/		
PART 36 - COST STUDY DATA	(700)		
Cost Study Avg C&WF Acct 2410 Cost Study Avg C&WF Cat 1	(700) (710)		
2. Oost Study Avg Cavvi Cat i	(710)		
3. C&WF CAT 1 Factor		#DIV/0!	
4. COE CAT 4.13 Factor		#DIV/0!	
5. Switching Factor		1.000000	

Company Name: City of Chanute DATA YEAR: 2017 For the Following Lines, Use Gross Additions for Plant and Annual Amounts for Expenses for the Test Year REGULATED LINE **AMOUNT** INVESTMENT, EXPENSE AND TAXES 1. Selected Plant Accounts a. Acct 2230 (240)b. Total Central Office Equip (245)(255)c. Acct 2410 (Total) 2. Expenses - Plant Specific Exp a. Acct 6110 (335)(340)b. Acct 6110 (benefits) c. Acct 6110 (rents) (345)(350)d. Acct 6120 e. Acct 6120 (benefits) (355)(360)f. Acct 6120 (rents) g. Acct 6210 (365)(370)h. Acct 6210 (benefits) (375)i. Acct 6210 (rents) j. Acct 6220 (380)(385)k. Acct 6220 (benefits) (390)I. Acct 6220 (rents) (395)m. Acct 6230 n. Acct 6230 (benefits) (400)(405)o. Acct 6230 (rents) p. (sum of lines 365+380+395) (410)(430)q. Acct 6410 r. Acct 6410 (benefits) (435)(440)s. Acct 6410 (rents) t. Total Expenses Accts. 6110 - 6410 (445) \$ 3. Expenses - Plant Non Specific Exp (450)a. Acct 6530 (455)b. Acct 6530 (benefits) 4. Depreciation & Amortization Exp a. Acct 6560 (#2210) (510)(515)b. Acct 6560 (#2220) (520)c. Acct 6560 (#2230) (525) \$ d. Acct 6560 (#2210-2230) (530)e. Acct 6560 (#2410) 5. Corporate Operating Expenses (535)a. Acct 6710 (540)b. Acct 6710 (benefits) (550)c. Acct 6720 d. Acct 6720 (benefits) (555)e.Total Corporate Operating Expense (line 535+550) (565) \$ 6. Other Expenses and Revenues (600)a. Benefits Portion (610)b. Rents Portion Sum of All Expenses (Excluding Depreciation) 7. Taxes (650)a. Acct 7200

Company Nam	e: City of Chan	ıte	
	DATA YEAR:	2017	- 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -
Test for use of FUSF & KUSF			
CAPITAL: 1. Category 1 C&WF		#DIV/0!	
2. Category 4.13 COE and Switching		#DIV/0!	
MAINTENANCE: 3. CWF - MAINT. EXP.		#DIV/0!	
4. COE - MAINT. SW		-	
5. COE - MAINT-OP SYSTEM		-	
6. COE - MAINT TRANS.		#DIV/0!	
7. CWF - NETWORK SUPPORT 8. COE - NETWORK SUPPORT		#DIV/0! #DIV/0!	
9. CWF GENERAL SUPPORT 10. COE GENERAL SUPPORT		#DIV/0! #DIV/0!	
20. CWF NETWORK OPERATION 21. COE NETWORK OPERATION		#DIV/0! #DIV/0!	ł
22. CWF EXEC. & PLANNING 23. COE EXEC. & PLANNING		#DIV/0! #DIV/0!	
24. CWF GENERAL ADMIN. 25. COE GENERAL ADMIN.		#DIV/0! #DIV/0!	
26. CWF OPERATING TAXES 27. COE OPERATING TAXES		#DIV/0! #DIV/0!	
28. CWF BENEFITS - TTL OPER EXP 29. COE BENEFITS - TTL OPER EXP		#DIV/0! #DIV/0!	
30. CWF RENTS - TTL OPER EXP 31. COE RENTS - TTL OPER EXP		#DIV/0! #DIV/0!	

Company Name:	City of Cha	nute	9		-
*	DATA VEAD.		2017		
A. Total Cash Expenditures Associated with USF	DATA YEAR:		#DIV/0!		
			#DIV/0!		
B. Certified Federal USF Receipts: B1. High Cost Loop Support / Frozen High Cost Support					
B2. Safety Net Support B3. Broadband Loop Support					
B4. Safety Valve Support for acquired Exch. B5. Connect America Cost Model					
B6. Alternative Connect America Model					
B7. CAF ICC (§§ 51.915, 51.917, 51.304) B8. Total Certified Federal USF Receipts		\$		_	
C. KUSF Receipts			_		
D. Total FUSF and KUSF Receipts					
*	#DI\ //01				
E. Do Expenditures Exceed FUSF Receipts? Amount Expenditures Exceed Certified FUSF	#DIV/0!		#DIV/0!	[A - B8]	
(negative number means FUSF exceeds Expenditures) F. Do Expenditures Exceed FUSF & KUSF Receipts?	#DIV/0!				
Amount Expenditures Exceed Certified FUSF and/or KUS (negative number means FUSF/KUSF exceeds Expendit	SF		#DIV/0!	[A - D]	
Please provide the following information:	arco,				
	Larry Gates				45
Title:	Director of Ut	tilitie	s		
Phone No.:	620-431-5275				
	Lgates@chanu	ıte.or	g		
9					
					,
4 1					

Company Na	me: City of Cha	anute	
	DATA YEAR	2017	
	LINE	REGULATE AMOUNT	D
WORKING LOOPS			
1. Total Loops	(060)		0
2. Category 1.3 Loops	(070)		0
INVESTMENT			
Plant Accounts			
a. Acct 2001	(160)	\$	-
Selected Plant Accounts			
a. Acct 2210	(230)		0
b. Acct 2220	(235)		0
c. Acct 2230	(240)		0
d. Total Central Office Equip	(245)	\$ -	
e. Circuit Equip Cat 4.13	(250)		0
f. Acct 2410	(255)		0
AMORTIZABLE TANGIBLE ASSETS			
Acct. 2680 Tot Assets	(800)		0
Acct. 2680 (2230) COE Trans	(805)		0
Acct. 2680 (Cat. 4.13) COE Trans	(810)		0
Acct. 2680 (2410) Total CWF	(815)		0
Acct. 2680 (2410) CWF-Cat 1	(820)		0
Acct. 6560 (2680) Dep & Amort	(830)		0
PART 36 - COST STUDY DATA			
Cost Study Avg C&WF Acct 2410	(700)		0
Cost Study Avg C&WF Cat 1	(710)		0
3. C&WF CAT 1 Factor		#DIV/0!	
4. COE CAT 4.13 Factor		#DIV/0!	
5. Switching Factor		0.0000	000

Company Name	: City of Char	nute
. ,		-
	DATA YEAR_	2017
	LINE	REGULATED AMOUNT
For the Following Lines, Use Gross Additions for l		ıal Amounts
for Expenses for the Test Year		
NVESTMENT, EXPENSE AND TAXES	LINE	
Selected Plant Accounts		
a. Acct 2230	(240)	0
b. Total Central Office Equip	(245)	0
c. Acct 2410 (Total)	(255)	0
2. Expenses - Plant Specific Exp		
a. Acct 6110	(335)	0
b. Acct 6110 (benefits)	(340)	0
c. Acet 6110 (rents)	(345) (350)	0
d. Acct 6120	(355)	0
e. Acct 6120 (benefits) f. Acct 6120 (rents)	(360)	ő
g. Acct 6210	(365)	0
h. Acct 6210 (benefits)	(370)	0
i. Acct 6210 (rents)	(375)	0
j. Acct 6220	(380)	0
k. Acct 6220 (benefits)	(385)	0
I. Acct 6220 (rents)	(390)	0
m. Acct 6230	(395) (400)	0
n. Acct 6230 (benefits) o. Acct 6230 (rents)	(405)	0
p. (sum of lines 365+380+395)	(410)	
g. Acct 6410	(430)	0
r. Acct 6410 (benefits)	(435)	0
s. Acct 6410 (rents)	(440)_	0
t. Total Expenses Accts. 6110 - 6410	(445)	\$ -
3. Expenses - Plant Non Specific Exp	(450)	0
a. Acct 6530	(450)	0
b. Acct 6530 (benefits)	(455)	0
4. Depreciation & Amortization Exp	/E40\	0
a. Acct 6560 (#2210) b. Acct 6560 (#2220)	(510) (515)	0
c. Acct 6560 (#2230)	(520)	0
d. Acct 6560 (#2210-2230)	(525)	0
e. Acct 6560 (#2210)	(530)	0
5. Corporate Operating Expenses		_
a. Acct 6710	(535)	0
b. Acct 6710 (benefits)	(540)	0
c. Acct 6720	(550) (555)	0
d. Acct 6720 (benefits) e.Total Corporate Operating Expense (line 535+550)	(565)	
6. Other Expenses and Revenues		
a. Benefits Portion	(600)	0
b. Rents Portion	(610)_	0
Gum of All Expenses (Excluding Depreciation)	;	-
7. Taxes a. Acct 7200	(650)	0
a. 1001 1200	(000)	

Company Name: City of Chanute				
	DATA YEAR	2017		
	LINE	REGULATED AMOUNT		
Test for use of FUSF and KUSF CAPITAL:				
Category 1 C&WF Category 4.13 COE and Switching		#DIV/0! #DIV/0!		
Category 4.13 COE and Switching MAINTENANCE:		#DIV/U!		
3. CWF - MAINT. EXP.		#DIV/0!		
4. COE - MAINT. SW		0		
5. COE - MAINT-OP SYSTEM		0		
6. COE - MAINT TRANS.		#DIV/0!		
7. CWF - NETWORK SUPPORT 8. COE - NETWORK SUPPORT		#DIV/0! #DIV/0!		
9. CWF GENERAL SUPPORT 10. COE GENERAL SUPPORT		#DIV/0! #DIV/0!		
20. CWF NETWORK OPERATION 21. COE NETWORK OPERATION		#DIV/0! #DIV/0!		
22. CWF EXEC. & PLANNING 23. COE EXEC. & PLANNING		#DIV/0! #DIV/0!		
24. CWF GENERAL ADMIN. 25. COE GENERAL ADMIN.		#DIV/0! #DIV/0!		
26. CWF OPERATING TAXES 27. COE OPERATING TAXES		#DIV/0! #DIV/0!		
28. CWF BENEFITS - TTL OPER EXP 29. COE BENEFITS - TTL OPER EXP		#DIV/0! #DIV/0!		
30. CWF RENTS - TTL OPER EXP 31. COE RENTS - TTL OPER EXP		#DIV/0! #DIV/0!		

Company Name: City of Chanute				
	DATA YEAR	2017	_	
	LINE	REGULATED AMOUNT		
A. Total Cash Expenditures Assd with USF		#DIV/0!		
B. Certified Federal USF Receipts: B1. High Cost Loop Support / Frozen High Cost Support B2. Safety Net Support B3. Broadband Loop Support B4. Safety Valve Support for acquired Exch. B5. Connect America Cost Model B6. Alternative Connect America Model B7. CAF ICC (§§ 51.915, 51.917, 51.304) B8. Total Certified Federal USF Receipts		-	<u>0</u>	
C. KUSF Receipts		-		
D. Total FUSF and KUSF Receipts		-		
E. Do Expenditures Exceed FUSF Receipts? Amount Expenditures Exceed Certified FUSF (negative number means FUSF exceeds Expenditures)	#DIV/0!	#DIV/0!	[A - B7]	
F. Do Expenditures Exceed FUSF & KUSF Receipts? Amount Expenditures Exceed Certified FUSF & KUSF (negative number means FUSF & KUSF exceeds Expenditu	#DIV/0!	#DIV/0!	[A - D]	
Please provide the following information:	Contact:	Larry Gates		
	Title:	Director of Utili	ties	
2	Phone No.:	620-431-5275		
	E-Mail:	lgates@chanute.c	org	

Company Name :	City of Chanute				-			
All CETCs must complete this form to receive certific						atutes, and KCC	C Requirem	ents.
Please attach additional pages if necessary. If you have	e any questions, pieas	se email the KCC	Starr at c.aarne	s@kcc.ks.gov	/.			
	Data Year	2017]					
				FUSF			KUSF	
		AMOUNT FOR KANSAS	ALLOCATION PERCENT	CODE (see Notes)	AMOUNT FOR FUSF AREAS (Excluding SWBT Area)	ALLOCATION PERCENT	CODE (see Notes)	AMOUNT FOR KUSF AREAS (Including SWBT Area)
FUSF WORKING LOOPS/LINES KUSF SUPPORTED LINES		A	В	С	D=AxB N/A	E	F	G = AxE N/A
NEW INVESTMENTS: 1. SWITCHING 2.OUTSIDE PLANT (LOCAL LOOPS, CELL SITES)(1) SUBTOTAL NEW INVESTMENTS		\$ -			\$ -			\$ -
EXPENSES: 3. SWITCH MAINTENANCE 4. OUTSIDE PLANT MAINTENANCE 5. NETWORK SUPPORT 6. ADMINISTRATIVE EXPENSE SUBTOTAL EXPENSES		\$ -			- - - - - -			
A. TOTAL CASH EXPENDITURES ASSD WITH USF		\$ -			\$ -			\$ -
B. CERTIFIED FUSF RECEIPTS FOR CETCS B1. Frozen High Cost Support B2. Mobility Fund Support B3. Rural Broadband Experiments Fund					,			
B4. Total Certified Federal USF Receipts C. KUSF RECEIPTS					\$ - \$ -			\$ - \$ -
D. TOTAL FUSF AND/OR KUSF					\$ -			\$ -
E. DO EXPENDITURES EXCEED FUSF RECEIPTS? (negative number means FUSF exceeds Expenditures)	No			9	\$ -			\$ -
F. DO EXPENDITURES EXCEED FUSF and/or KUSF REC (negative number means KUSF exceeds Expenditures)	EIPTS? No				\$ -		No	\$ -
Notes: 1) Exclude the cost of transport between switches (dial-tone	and/or tandem).							
2) Allocation Codes (describe how the costs are allocated); a. Based on number of switched MOUs from USF supported b. Based on actual expenditures at USF cell sites. An alloca (i.e. 200,000 investment at Cell Site A, which serves 80% Usc. Based on percent of USF served areas to all areas.	cell sites. ation of USF area to total	al served area is ap	plied at each cel	ll site.				
Contact Name: _	Larry Gates		Title: _D	irector of Utilit	ties			
Phone No.: _	620-431-	5275	E-Mail: lo	gates@chanut	e.org			

Narrative Report for New Investments

ETC Certification for Use of **USF** Support Provided to the Kansas Corporation Commission

Company Name:		
Data Year:	2017	

Town or Exchange	Description of Improvement	Cash Investment	Allocation %	Notes	Amount Used in the USF Supported Areas
Α	В	С	D	Е	F= C x D
	N/A				
į					
Subtotal		0			0
Total		0			• 0

NOTES:

This total amount should match the New Investment Subtotal on the USF Certification Form - Attachment 2a LINES (245 & 255).

Contact: Larry Gates Phone No.: 620-431-5275

Title: Director of Utilities E-Mail: <u>lgates@chanute.org</u>

04/19/2018 Page 1

Narrative Report for New Investments

ETC Certification for Use of **USF** Support Provided to the Kansas Corporation Commission

Carrier Name:	0	Supplemental
Data Year:	2017	Pages

Town or Exchange	Description of Improvement	Cash Investment	Allocation	Notes	Amount Used in the USF Supported Areas
Α	В	С	D	Е	F= C x D
A A	B W/A	C	% D	Notes E	F= C x D
Subtotal		0			0

Narrative Report for New Investments in SWBT Exchanges

ETC Certification for Use of **KUSF** Support Provided to the Kansas Corporation Commission

Carrier Name:	City of Chanute	Supplemental
Data Year:	2017	— Pages

Town or Exchange	Description of Improvement	Cash Investment	Allocation	Notes	Amount Used in the KUSF Supported Areas
Α	В	С	D	E	F= C x D
A A	B WA			Notes E	F= C x D
Subtotal		0	,		0

Annual ETC Certification of Requirements Imposed by the Commission in Docket Number 06-GIMT-446-GIT

1. All ETCs must provide detailed information on any outage in the prior calendar year, as
that term is defined in 47 CFR 4.5, of at least 30 minutes in duration for each service area
in which an eligible telecommunications carrier is designated for any facilities it owns,
operates, leases, or otherwise utilizes that potentially affect: (i) at least 10% of the end users
served in a designated service area; or (ii) a 911 specialty facility as defined in 47 CFR
4.5(e).

Date and time of Onset of the Outage	Description of the Outage and its Resolution	Particular services affected	Geographic Areas Affected	Steps Taken to Prevent a Similar Situation in the Future	Number of Customers Affected
	N/A				

(If necessary, please provide additional pages.)

2. Please provide the number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. If applicable please explain how your company attempted to provide service to those potential customers.
n/a
3. Please provide the number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year.
n/a

4. A wireline ETC must certify that it is in compliance with the Commission's quality of service standards and a wireless ETC must certify that it is in compliance with the CTIA Code. **Please complete the following, as applicable to your company:**

QUALITY OF SERVICE <u>WIRELINE</u> ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1.	Му	title	is	_Direc	tor of	Utilities		_ of	the	City of
Chanute		_ (Con	npany/ C	oopera	tive).	In this ca	pacity, I	am in	a position	of authority to
certify whe	ther the C	Compar	ny/ Coope	erative	is com	plying wi	th requir	ed qual	lity of service	ce standards. I
am binding	g	_Chan	ute	(Comp	any/Coope	erative)	to the	statements	made in this
certification	ı.									
2.	Ву	this	affidavit	, I c	ertify	that	Cha	inute_		(Company/
Cooperative	e) is in co	mplian	ce with th	e Com	missio	n's quality	of servi	ce stan	dards as ado	pted in Docket
No. 191,20	6-U.									
Ιce	ertify und	er pena	lty of per	jury un	der the	e laws of th	ne state o	f Kansa	as that the fo	regoing is true
and correct.	(Pursuar	nt to Ka	an. Stat. A	Ann. 53	-601.)	Executed	l on	4/19/	2018	(date).
									1	
							7		1 =	
						Signature	any			
						~ .8		arrv Ga	ites	
						Printed/T		(5)		
							J 1			
	OUALI	TY O	F SERV	ICE W	/IREL	ESS AN	NUAL (CERTI	FICATIO	N
	(01122		CC Doc	eket Re	eferen	ce: 06-G]	MT-446			
)	(Please	type c	or print leg	ibly)			
1.	My	title is		Directo	r of U	tilities	of	the	City of	Chanute
										y whether the
,						_				ing City
of Chanute	1		110							,
2.		•								erative) is in
compliance				,					1	,
				ury und	der the	laws of th	e state of	Kansa	s that the fo	regoing is true
and correct.	•									
	(z								2000/18 <u>.</u>	

18-GIMT-394-GIT Attachment 6

Signature

Larry Gates

Print / Typed Name

5. Each ETC must certify that it will be able to function in an emergency as set forth in 47 CFR § 54.202(a)(2).

ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1.	My title isDirector of Utilites of theCity of
Chanute	_ (Company/ Cooperative). In this capacity, I am in a position of authority to
certify whether	the Company/ Cooperative is able to function in an emergency. I am binding
City of	Chanute(Company/Cooperative) to the statements made in this
certification.	
2.	By this affidavit, I certify thatCity of Chanute (Company/
Cooperative) is	capable of functioning in an emergency.
I certif	y under penalty of perjury under the laws of the state of Kansas that the foregoing
is true and	correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on
4/19/2018	(date).
	Lag Da
	Signature
	Larry Gates
	Printed / Typed Name

6. 47 U.S.C. § 214(e)(1)(B) requires every ETC to advertise its services throughout the service area for which it has been designated "using media of general distribution." **Please complete the following:**

Name of Media	Type of Media	Geographic Areas Reached	Dates Published
N/A			
	-		
		,	
	le .		
	-0.		
		1	

(If necessary, please attach additional pages.)

7. A competitive ETC must certify that it offer the incumbent. Please provide a description of to that of the incumbent and complete the certification.	of the local usage plan(s) that is comparable tification.
N/A	
COMPARABLE LOCAL USAGE P KCC Docket Reference (Please type or	e: 06-GIMT-446-GIT
	Utilities of theCity of
Chanute(Company/ Cooperative)	. In this capacity, I am in a position of authority
to certify whether the Company/ Cooperative offer	
incumbent. I am bindingCity of Chanute	(Company/Cooperative) to
the statements made in this certification.	
2. By this affidavit, I certify that	atCity of Chanute (Company/
Cooperative) offers a local usage plan comparable	to that of the incumbent.
I certify under penalty of perjury under the	e laws of the state of Kansas that the foregoing
is true and correct. (Pursuant to Ka	n. Stat. Ann. 53-601.) Executed on
4/19/2018(date).	Tax Sal
_	Signature
	Larry Gates
	Printed/Typed Name