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June 2, 2017

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

RE: 2017 CAF/ICC Data Collection and associated certifications
MoKan Dial, Inc.
Docket No. 17-GIMT-426-GIT

Dear Ms. Retz:

Attached for filing please find MoKan Dial, Inc.'s 2017 CAF/ICC Data Collection and associated certificates, as required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the "2017 CAF/ICC Data Collection" pages have 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. Additionally, we reserve the right to amend the filing as necessary up to and including June 16, 2017, which is the date NECA will file the information with the FCC.

If you have any questions, please don't hesitate to let me know.

Cordially yours,



Colleen R. Jamison

cc: Amanda Molina

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: **MOKAN DIAL INC-KS**

Amanda Molina

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks, Date: 5/26/2017

Signature of Authorized Officer or employee:

Date: **5/26/2017**

Printed name of Authorized Officer or employee: **Amanda Molina**

Title or position of Authorized Officer or employee: **Vice President of External Relations**

Telephone number of Authorized Officer or employee: **904-259-0029**

Study Area Code of Reporting Carrier

411807

Filing Due Date for this form (mm/dd/yyyy)

6/16/2017

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.

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: MOKAN DIAL INC-KS

Amanda Molina

Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks,j=, Date:5/26/2017

Signature of Authorized Officer or employee:

Date: 5/26/2017

Printed name of Authorized Officer or employee: Amanda Molina

Title or position of Authorized Officer or employee: Vice President of External Relations

Telephone number of Authorized Officer or employee: 904-259-0029

Study Area Code of Reporting Carrier

411807

Filing Due Date for this form (mm/dd/yyyy)

6/16/2017

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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 carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOKAN DIAL INC-KS					
Signature of Authorized Officer: Amanda Molina				Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks, Date:5/26/2017	
Date: 5/26/2017					
Printed name of Authorized Officer: Amanda Molina					
Title or position of Authorized Officer: Vice President of External Relations					
Telephone number of Authorized Officer: 904-259-0029					
Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
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.					

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) <u>National Exchange Carriers Association, Inc.</u> 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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>MOKAN DIAL INC-KS</u>					
Signature of Authorized Officer: <u>Amanda Molina</u>				Digitally signed by Amanda Molina DN:cn=Amanda Molina,email=amolina@townes.net,O=mokan dial inc-ks,j= , Date:5/26/2017	
Date: <u>5/26/2017</u>					
Printed name of Authorized Officer: <u>Amanda Molina</u>					
Title or position of Authorized Officer: <u>Vice President of External Relations</u>					
Telephone number of authorized officer: <u>904-259-0029</u>					
Study Area Code of Reporting Carrier	<u>411807</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>	
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.					