COLLEEN R. JAMISON

JAMISON LAW, LLC

June 9, 2024

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

RE: 2024 CAF/ICC Data Collection and Associated Certifications

Docket No. 24-GIMT-229-GIT

South Central Telephone Association, Inc.

Dear Ms. Retz:

Attached for filing please find South Central Telephone Association, Inc.'s 2024 CAF/ICC Data Collection and Associated certificates, required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2024 CAF/ICC Data Collection pages 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. Additionally, we reserve the right to amend the filing as necessary up to and including June 17, 2024, which is the date NECA will file the information with the FCC.

If you have any questions, please let me know.

Sincerely,

Colleen R. Jamison JAMISON LAW, LLC

Att.

cc: Carla Shearer

Tina Cohan

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 car best of my knowledge, the information reporter			data reported; and, to the				
Name of Reporting Carrier: S. CEN	TRAL TEL - KS		DV 0.1				
Carla Signature of Authorized Officer:	Shearer		Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=s. central tel - ks,I= , Date:5/24/2024				
Printed name of Authorized Officer:	Carla Shearer						
Title or position of Authorized Officer:	General Manage	r					
Telephone number of Authorized Officer:	620-930-1082						
Study Area Code of Reporting Carrier	411831	Filing Due Date for this form (mm/dd/yyyy)	6/17/2024				
		n be punished by fine or forfeiture under the C ent under Title 18 of the United States Code, 1		47 U.S.C.			

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						
	at I am an officer of t	ne reporting carrier;	ociation, Inc. Is authorized to submit the inmy responsibilities include ensuring the all data provided to the Authorized Ager	ne accuracy of the data	of	
Name of Authorized Agent :	National Exchar	nge Carriers Asso	ociation, Inc.			
Name of Reporting Carrier:	S. CENTRAL TE	EL - KS				
Signature of Authorized Officer:	Digitally signed by Carla Shearer DN:cn=Carla Shearer Shearer,email=cshearer@sctelcom.com,O=s. central tel- ks,l=, Date:5/24/2024 Date: 5/24/2				5/24/2024	
Printed name of Authorized Officer:		Carla She	earer			
Title or position of Authorized Office	r:	Genera	l Manager			
Telephone number of authorized off	icer:	620-930)-1082			
Study Area Code of Reporting Carri	er 411	1831	Filing Due Date for this form (mm/dd/yyyy)	6/17/2024		
		•	nished by fine or forfeiture under the Coler Title 18 of the United States Code, 18		7 U.S.C.	

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: S. CENTRAL TEL - KS Digitally signed by Carla Shearer DN:cn=Carla **Carla Shearer** Shearer,email=cshearer@sctelcom.com,O=s. central tel ks,l= , Date:5/24/2024 Signature of Authorized Officer or employee: 5/24/2024 Printed name of Authorized Officer or employee: Carla Shearer Title or position of Authorized Officer or employee: **General Manager** Telephone number of Authorized Officer or employee: 620-930-1082 Filing Due Date for this form Study Area Code of Reporting Carrier 411831 6/17/2024 (mm/dd/yyyy) 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 carr recovery in the state jurisdiction for any Eligible		-					
Name of Reporting Carrier: S. CEN	TRAL TEL - KS Carla She		Digitally signed by Carla Sheare Shearer,email=cshearer@sctel		1		
Signature of Authorized Officer or employee:						5/24/2024	
Printed name of Authorized Officer or employ	ee:	Carla She	arer				
Title or position of Authorized Officer or emplo	oyee:	General	Manager				
Telephone number of Authorized Officer or en	nployee:	620-930	-1082				
Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024			
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.							