# THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

	Chairman Pat Apple Commissioner Shari Feist Albrecht
	Commissioner Jay Scott Emler
In the Matter of Certification of C with Section 254(e) of the Federal Telecommunications Act of 1996 Certification of Appropriate Use of Universal Service Fund Support.	and ) Docket No. 17-GIMT-405-GIT
FEDERAL HIGI FCC Do and KANSAS	CTION 254(e) CERTIFICATION H-COST UNIVERSAL SERVICE SUPPORT cket Reference: CC Docket No. 96-45 UNIVERSAL SERVICE FUND SUPPORT (Please type or print legibly) e all appropriate support received)
City of Chanut	of (Company/ Cooperative). In this capacity, I am in a
	deral high-cost Universal Service Fund (USF), Connect America Fund
(CAF) support, and/or Kansas Unive	ersal Service Fund (KUSF) support received will be used and by this
certification I am binding	y of Chanute (Company/Cooperative) to the statements
made in this certification.	
2. City of	Channete (Company/Cooperative) was named as
an eligible telecommunications carrie	er by the Kansas Corporation Commission (KCC) for federal support
purposes in Docket No/	CHNE-413-ETC by order dated May 02, 2015
and KUSF support purposes	in Docket No by order dated
3. By this affidavit,	, I certify that the USF, CAF and/or KUSF received by
	(Company/Cooperative) was used in the proceeding calendar year
	endar year 2018 only for the provision, maintenance, and upgrading

of facilities 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 4-24-17 date.

Email address: /gates@chanute.org

# Incumbent ETC Investment and Expenses Kansas Test for USF Certification

17-GIMT-405-GIT Attachment 2a

Company Name: <u>City of Chanute</u>	
DATA YEAR: 2016	
A. Total Cash Expenditures Ass'd with USF #DIV/0!	
B. Certified Federal USF Receipts:  B1. High Cost Loop Support  B2. Safety Net Support  B3. Local Switching Support  B4. Safety Valve Support for acquired Exch.  B5. Connect America Cost Model  B6. Alternative Connect America Model  B7. Total Certified Federal USF Receipts	
C. KUSF Receipts	
D. Total FUSF and KUSF Receipts	
E. Do Expenditures Exceed <b>FUSF</b> Receipts? #DIV/0! [A - B7] Amount Expenditures Exceed Certified FUSF (negative number means FUSF exceeds Expenditures)	
F. Do Expenditures Exceed FUSF & KUSF Receipts? #DIV/0! #DIV/0! [A - D] Amount Expenditures Exceed Certified FUSF and/or KUSF (negative number means FUSF/KUSF exceeds Expenditures)	
Please provide the following information:  Contact:  Larry Gates  Position:  Director of Utilities  Phone No.:  620-431-5235  E-Mail:  Igates & Chanute, org	

# Incumbent ETC Investment and Expenses Kansas Test for USF Certification

Company Name: _	city	of	Chanute
T. T	DATA YEAR:	2016	
Test for use of FUSF & KUSF CAPITAL: 1. Category 1 C&WF		#DIV/0!	1/1
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!	
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!	

## Incumbent ETC Investment and Expenses Kansas Test for USF Certification

Company Name: DATA YEAR: 2016 For the Following Lines, Use Gross Additions for Plant and Annual Amounts for Expenses for the Test Year REGULATED INVESTMENT, EXPENSE AND TAXES LINE **AMOUNT** 1. Selected Plant Accounts (240) \$ a. Acct 2230 b. Total Central Office Equip (245)c. Acct 2410 (Total) (255)2. Expenses - Plant Specific Exp (335)a. Acct 6110 (340)b. Acct 6110 (benefits) (345) c. Acct 6110 (rents) (350)d. Acct 6120 (355)e. Acct 6120 (benefits) (360)f. Acct 6120 (rents) (365)g. Acct 6210 (370)h. Acct 6210 (benefits) (375)i. Acct 6210 (rents) (380)j. Acct 6220 k. Acct 6220 (benefits) (385)(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)s. Acct 6410 (rents) (440)t. Total 6110 - 6410 (445) \$ 3. Expenses - Plant Non Specific Exp (450)a. Acct 6530 b. Acct 6530 (benefits) (455)4. Depreciation & Amortization Exp (510)a. Acct 6560(2210) b. Acct 6560(2220) (515)c. Acct 6560(2230) (520)d. Acct 6560(2210-2230) (525) \$ (530)e. Acct 6560(2410) 5. Corporate Operating Expenses a. Acct 6710 (535)b. Acct 6710 (benefits) (540)c. Acct 6720 (550)(555)d. Acct 6720 (benefits) e. (sum of lines 535+550) (565) \$ 6. Other Expenses and Revenues (600)a. Benefits Portion b. Rents Portion Sum of All Expenses (Excluding Depreciation) 7. Taxes (650)a. Acct 7200

Company Nam	ne: City of Chaquite
	DATA YEAR:
	REGULATED
WORKING LOOPS	LINE AMOUNT
1. Total Loops	(060)
2. Category 1.3 Loops	(070)
INVESTMENT	
Plant Accounts	
a. Acct 2001	(160)
2. Selected Plant Accounts	
a. Acct 2210 b. Acct 2220	(230) (235)
c. Acct 2230	(240)
d. Total Central Office Equip	(245) \$ -
e. Circuit Equip Cat 4.13	(250)
f. Acct 2410	(255)
AMORTIZABLE TANGIBLE ASSETS	(000)
Acct. 2680 Tot Assets Acct. 2680 (2230) COE Trans	(800) (805)
Acct. 2680 (Cat. 4.13) COE Trans	(810)
Acct. 2680 (2410) Total CWF	(815)
Acct. 2680 (2410) CWF-Cat 1	(820)
Acct. 6560 (2680) Dep & Amort	(830)
PART 36 - COST STUDY DATA	
1. Cost Study Avg C&WF Acct 2410	(700)
2. Cost Study Avg C&WF Cat 1	(710)
3. C&WF CAT 1 Factor	#DIV/0!
4. COE CAT 4.13 Factor	#DIV/0!
5. Switching Factor	1.000000

#### Competitive ETC Investment and Expense Test for USF Certification

Company Name :	City	of C	hann	<u>k</u> e			
All CETCs must complete this form to receive certification	1 for its use of FUSF	and KUSF suppo	ort, pursuant	to 47 C.F.R. § 54.31	4, Kansas statu	ites, and KCC	Requirements.
Please attach additional pages if necessary. If you have any	y questions, please e	mail the KCC St	aff at c.aarne	s@kcc.ks.gov.			
D	ata 2016	7					
Y	ear 2016				5-11-11-11-11		in a way to make
		1	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) [1]
FUSF WORKING LOOPS/LINES KUSF SUPPORTED LINES	A	В	С	D=AxB	E	. / I	G = AxE
NEW INVESTMENTS:  1. SWITCHING 2. OUTSIDE PLANT (LOCAL LOOPS, CELL SITES)(1) SUBTOTAL NEW INVESTMENTS	\$ -	_	N/	<del>*************************************</del>	/	V/A	- - \$ -
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. High Cost Loop Support B2. Safety Net Support B3. Local Switching Support B4. Safety Valve Support B5. Mobility I B6. Rural Broadband Experiments Fund							
B7. Total Certified Federal USF Receipts B8. Interstate Common Line Support - ICLS				\$ -		-	\$ -
C. KUSF RECEIPTS						-	\$ -
D. TOTAL FUSF AND/OR KUSF  E. DO EXPENDITURES EXCEED FUSF RECEIPTS?  (negative number means FUSF exceeds Expenditures)	lo (1000000000000000000000000000000000000			\$ -		-	\$ - \$ -
F. DO EXPENDITURES EXCEED FUSF and/or KUSF RECEIPT	-S? lo			\$ -		No -	\$ -
Notes:  1) Exclude the cost of transport between switches (dial-tone and.	/or tandem).						
2) Allocation Codes (describe how the costs are allocated): [the a. Based on number of switched MOUs from USF supported cell b. Based on actual expenditures at USF cell sites. An allocation (i.e. 200,000 investment at Cell Site A, which serves 80% USF st. c. Based on percent of USF served areas to all areas.	following are example sites. of USF area to total supported area, results area of the supported area, results are supported area.	erved area is applin 160,000 of USF Position:  E-Mail:	ied at each ce dollars.)		lilities lecong		

## **Narrative Report for New Investments**

Company Name:

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

Da	ata Year:		2016 /	_			
Town or Excl	nange	Description	of Improvement	Cash Investment	Allocation	Notes	Amount Used in the USF Supported Areas
Α			В	С	D	Е	F= C x D
		^	S/A				
		1					
Subtotal		ì		0			0
Total				0			0
NOTES:			This total amo	unt should m	atch the Nev	w Investn	nent
		,	Subtotal on th LINES (245 & 2	e USF Certific			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA
	Contact:	Larry	Gates	Phone No.:	620 - 4	31- Sa	25
	Position:	Directoro	f Utilities	E-Mail:	Igate	s@cha	nute.org

## **Narrative Report for New Investments**

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

Carrier Name:	0 City	of Chanate Supplementa
Data Year:	2016	Pages

Town or Exchange	Description of Improvement	Cash Investment	Allocation	Notes	Amount Used in the USF Supported Areas
Α	В	С	D	E	F= C x D
	N/A				
		í			
					,ª
					7
			i e de la companya de		
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 Channete	
Data Year:	2016	

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

NOTES:

Phone No.: 620 - 431 - 625

E-Mail: 1 gates Ochanute, org

### Narrative Report for New Investments in SWBT Exchanges

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

Carrier Name:	0	City of Chanute	Supplemental
Data Year:	2016		Pages

Town or Exchange	Description of Improvement	Cash Investment	Allocation	Notes	Amount Use in the KUSF Supported Areas
A	В	С	D	E	F= C x D
~	N/A	B//A			
			6		
			100.2 11.50 j		
Subtotal		0			

03/29/2017

# 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). (Please complete if information is not reported on Form 481.)

(1)				cported on For	
Date and time of	Description of	Particular		Steps Taken to Prevent a Similar	Number of
Onset of the Outage	the Outage and its Resolution	services affected	Geographic Areas Affected	Situation in the Future	Customers Affected
	N/A				
n (1.5)	N. 170	V-311	)		

(If necessary, please provide additional pages.)

2. Please pro	vide the numb	er of reque	ests for serv	ice from	potential c	ustomers	within	the
recipient's s	ervice areas	that were	unfulfilled	during	the prior	calendar	year.	If
applicable, p	olease explain	how you	attempted	to provi	de service	to those	poten	tial
customers. (	Please comple	ete if inform	nation is no	ot report	ed on For	m 481.)		
				19041	11/1			
					NIH			
					•			
3. Please pro	vide the number	er of compl	aints per 1,0	000 conn	ections (fix	ed or mol	oile) in	the

prior calendar year. (Please complete if information is not reported on Form 481.)

#### 17-GIMT-405-GIT Attachment 6

**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)

(rease type of franciscost)
1. My title is Director of Utilities of the City of Chaunte
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the
Company/ Cooperative is complying with required quality of service standards. I am binding
City of Chaute (Company/Cooperative) to the statements made in this certification.
2. By this affidavit, I certify that(Company/ Cooperative) is in
compliance with the Commission's quality of service standards as adopted in Docket No. 191,206-U.
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.) Executed on(date).
Signature
Larry Gates
Printed/Typed Name
QUALITY OF SERVICE WIRELESS ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT (Please type or print legibly)
1. My title is Director of Utilities of the City of Chaunte
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the
Company/ Cooperative is complying with required quality of service standards. I am binding
City of Chause (Company/Cooperative) to the statements made in this certification.
Company, cooperative) to the statements made in this continuation.
2. By this affidavit, I certify that <u>Channels</u> (Company/ Cooperative) is
2. By this affidavit, I certify that <u>Channele</u> (Company/ Cooperative) is
2. By this affidavit, I certify that <u>Channels</u> (Company/ Cooperative) is in compliance with the CTIA Code.
2. By this affidavit, I certify that <u>Channel</u> (Company/ Cooperative) is in compliance with the CTIA Code.  I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is

Print / Typed Name

#### 17-GIMT-405-GIT Attachment 6

5. An ETC must certify that it will be able to function in an emergency as set forth in 47 CFR § 54.202(a)(2). All ETCs must complete the following:

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

(Please type or print legibly)

1. My title is Director of Utilities of the City 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 Chaudy (Company/Cooperative) to the statements made in this certification.
2. By this affidavit, I certify that Chaute (Company)
Cooperative) is capable of functioning in an emergency.
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.) Executed or
<u>4-24-11</u> (date).
a a to to
Signature
Larry Gates
Printed Typed Name

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

ETCs must complete the following:

Name of Media	Type of Media	Geographic Areas Reached	Dates Published	
			,	
			/ 1	
		X / /	A	
		/\/ /	/ /	
		, (		
	, 1		*	

(If necessary, please attach additional pages.)

7. A competitive ETC must certify that it offers a local usage plan comparable to that of the incumbent. Please provide a description of the local usage plan(s) that is comparable to that of the incumbent and complete the certification.
1///
COMPARABLE LOCAL USAGE PLAN ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT (Please type or print legibly)
1. My title is <u>Director of Hillies</u> of the <u>City of Channet</u>
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative offers a local usage plan comparable to that of the incumbent. I am binding City of Change (Company/Cooperative) to the statements made in this certification.  2. By this affidavit, I certify that Change (Company/Cooperative)
Cooperative) offers a local usage plan comparable to that of the incumbent.
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.) Executed on 4-24-11 (date).
Signature  Lamy Gates  Printed/Typed Name