

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the CAF/ICC Certification)
Filing Compliance as Required under the) Docket No. 25-GIMT-310-CPL
FCC's regulations-47 C.F.R. 51.917(d)(1)(vii))

SUBMISSION
OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

COMES NOW Columbus Communications Services, LLC and as required by the
FCC, submits the accompanying information.

Columbus Communications Services, LLC submits its company-specific
information under seal as confidential and proprietary as set forth in the letter filed
herewith.

Respectfully submitted,

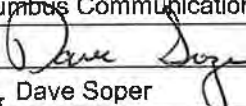


Mark Doty #14526
GLEASON & DOTY, CHARTERED
P.O. Box 490
Ottawa, KS 66067
(785) 242-3775
Attorney for Columbus Communications
Services, LLC

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				Columbus Communications Services, LLC	
Signature of authorized officer				Date	6-13-25
Printed name of authorized officer		Dave Soper			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(620) 429-1340			
Study Area Code of Reporting Carrier		411756	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2025	
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, this 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				Columbus Communications Services, LLC	
Signature of authorized officer			Date		6-13-25
Printed name of authorized officer			Dave Soper		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(620) 429-1340		
Study Area Code of Reporting Carrier		411756	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2025	

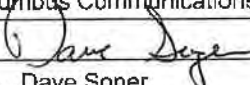
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TO BE COMPLETED BY THE REPORTING CARRIER,

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 **Columbus Communications Services, LLC**

Signature of Authorized Officer 

Date **6-13-25**

Printed name of Authorized Officer **Dave Soper**

Title or position of Authorized Officer **General Manager**

Telephone number of Authorized Officer: **(620) 429-1340** ext.

Study Area Code of Reporting Carrier **411756**

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

June 16, 2025

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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>TCA, 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 are accurate.			
Name of Authorized <u>TCA, Inc.</u>			
Name of Reporting Carrier <u>Columbus Communications Services, LLC</u>			
Signature of Authorized Officer <u>Dave Soper</u>			Date <u>6-13-25</u>
Printed name of Authorized Officer <u>Dave Soper</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(620) 429-1340</u> ext. <u> </u>			
Study Area Code of Reporting Carrier	<u>411756</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2025</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.			