BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

| In the Matter of Certification of Compliance |) |
|----------------------------------------------|------------------------------|
| with Section 254(e) of the Federal |) |
| Telecommunications Act of 1996 and |) Docket No. 24-GIMT-612-GIT |
| Certification of Appropriate Use of Kansas |) |
| Universal Service Fund Support | ,) |

LAHARPE TELEPHONE COMPANY, INC. ELIGIBLE TELECOMMUNICATIONS CARRIER CERTIFICATION AND INFORMATION

Pursuant to Order of the Commission herein LaHarpe Telephone Company,

Inc. submits its certification and information supporting its continuing designation as
an Eligible Telecommunications Carrier.

LaHarpe Telephone Company, Inc. 's attachments other than Attachments 1 and 5 certifications are filed herewith as proprietary and confidential under seal. The carrier believes that the information contained in these attachments are of such competitive sensitivity that disclosure to any person other than the carrier, the Commission, and Staff is prohibited by K.S.A. 66-1220(a). Disclosure of trade secrets and confidential information to any person, including parties to this proceeding, is prohibited unless the Commission finds the disclosure is warranted, after considering all of the factors in that statute. The carrier believes that disclosure of the information contained in these attachments would have a significant and adverse impact on its competitive stance regarding existing or potential competing entities including wireless carriers, competitive local exchange carriers, and incumbent local exchange carriers. Regulatorily mandated disclosure of any or all of the subject information would create a competitive bias in favor of any actual or potential competitor not required to provide

comparable information, reducing or eliminating any benefit to consumers otherwise resulting from unbiased competition and damaging the submitting company's ability to engage in fair competition.

Respectfully submitted,

Mark Doty #14526

GLEASON & DOTY, CHARTERED

401 S. Main, Suite 102

Ottawa, KS 66067

(785) 242-3775

Attorney for LaHarpe Telephone Company, Inc.

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

| | ndrew J. French, Chairperson wight D. Keen, Commissioner nnie Kuether, Commissioner |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| In the Matter of Certification of Cwith Section 254(e) of the Federa Telecommunications Act of 1996 Certification of Appropriate Use Universal Service Fund Support. | nnd) Docket No. 24-GIMT-612-GI |

SECTION 254(e) CERTIFICATION FEDERAL HIGH-COST UNIVERSAL SERVICE SUPPORT FCC Docket Reference: CC Docket No. 96-45 and KANSAS UNIVERSAL SERVICE FUND SUPPORT

(Please type or print legibly)
(Circle all Federal and Kansas Support Received)

- 1. My title is President of LaHarpe Telephone Company. In this capacity, I am in a position of authority to direct how federal high-cost Universal Service Fund (USF), including Legacy or Frozen high-cost Loop support (HCL/FHCS), Safety Valve support (SVS), Connect America Cost Model (CACM) support, Connect America Fund (CAF I/CAF II) support, Alternative Connect America Cost Model (A-CAM/ACAM II) support, Rural Broadband Experiment support (RBE), Rural Digital Opportunity Fund (RDOF) support, and/or Kansas Universal Service Fund (KUSF) support received will be used and by this certification I am binding LaHarpe Telephone Company to the statements made in this certification.
- 2. LaHarpe Telephone Company was named as an Eligible Telecommunications Carrier (ETC) by the Kansas Corporation Commission (KCC) for federal support purposes in Docket No. 98-GIMT-241-GIT by order dated DECEMBER 5, 1997 and KUSF support purposes in Docket No. 98-GIMT-241-GIT by order dated DECEMBER 5, 1997.
- 3. By this affidavit, I certify that all federal high-cost USF, including HCL, FHCS, SVS, CAF I/CAF II, A-CAM/ACAM II, RBE, RDOF, and/or KUSF received by LaHarpe Telephone Company as used in the proceeding calendar year 2023 and will be used in the new calendar year 2025 *only* for the provision,

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Docket No. 24-GIMT-612-GIT Attachment 1

maintenance, and upgrading of facilities and services for which the support is intended, consistent with Section 254(e) of the Federal 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

HARRY LEE, JR Printed/Typed Name

Executed on 2 / Kene 2024 date

Email address: harry.lee@laharpetel.com

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

1. Did your company experience any outage in the prior calendar year, as that term is defined in 47 C.F.R. § 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 C.F.R. § 4.5(e)?

| (| (Yes/No)_NO IF YES, PLEASE COMPLETE THE FOLLOWING: | | | | | |
|---|----------------------------------------------------|----------------------------------------------------|------------------------------------|------------------------------|-------------------------------------------------------------------|------------------------------------|
| | 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 |
| | | | | | | |
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(If necessary, please provide additional pages.)

| 2. Please provide the number of requests for service fr recipient's service areas that were unfulfilled during the please explain how your company attempted to procustomers. | e prior calendar year. If applicable, |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 0 | |
| | |
| 3. Please provide the number of complaints per 1,000 comprior calendar year. | onnections (fixed or mobile) in the |

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 WIRELINE ANNUAL CERTIFICATION KCC Docket Reference: 06-GIMT-446-GIT

| (Please type or print legibly) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. My title isPresident of the LaHarpe Telephone Company . I |
| this capacity, I am in a position of authority to certify whether the Company/ Cooperative is complyin |
| with required quality of service standards. I am binding LaHarpe Telephone Company to th |
| statements made in this certification. |
| 2. By this affidavit, I certify that LaHarpe Telephone Company is in compliance wit |
| 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 tru |
| and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on 27 June 27, 2024. |
| Signature Harry Lee, Jr 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 of the (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 |
| (Company/Cooperative) to the statements made in this certification. |
| 2. By this affidavit, I certify that(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 tru |
| and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on(date). |
| |
| Signature |

24-GIMT-612-GIT Attachment 5

Print / Typed Name

5. Each ETC must certify that it will be able to function in an emergency as set forth in 47 C.F.R § 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 is President of the LaHarpe Telephone Company. In this capacity, I am in a position of authority to certify whether the Company is able to function in an emergency. I am binding LaHarpe Telephone Company to the statements made in this certification.
- 2. By this affidavit, I certify that LaHarpe Telephone Company 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 on 27 June 27, 2024.

Signature

Harry Lee, Jr

Printed / Typed Name

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

| Nonesettle | Two of Modio | Geographic Areas | Dates Published |
|-----------------------|---------------|------------------------------------|-----------------|
| Name of Media Type of | Type of Media | Reached | Dates Published |
| LaHarpe Telephone Co | Directory | Allen, Anderson, Bourbon | June 2024 |
| Four County | Directory | Allen, Bourbon, Neosho, Woodson | June 2024 |
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(If necessary, please attach additional pages.)

| 7. A competitive ETC must certify that it of | fers a local usage plan comparable to that of | |
|-------------------------------------------------------------------------|-------------------------------------------------------|--|
| the incumbent LEC. Please provide a descr | iption of the local usage plan(s) that is | |
| comparable to that of the incumbent LEC and complete the certification. | | |
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| (Please type o | or print legibly) of the | |
| | n in a position of authority to certify whether the | |
| | comparable to that of the incumbent. I am binding | |
| | rative) to the statements made in this certification. | |
| | t (Company/ | |
| Cooperative) offers a local usage plan comparab | | |
| I certify under penalty of perjury under | the laws of the state of Kansas that the foregoing | |
| | Kan. Stat. Ann. 53-601.) Executed on | |
| (date). | * | |
| | | |
| | | |
| | Signature | |
| | Printed/Typed Name | |
| | rimed/ryped mame | |