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 Home Telephone Company, Inc. and as required by the FCC, submits the accompanying information.

Home Telephone Company, Inc. 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 Home Telephone Company, Inc.

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 Home Telephone Company, Inc.

Signature of Authorized Officer

Printed name of Authorized Officer Tina Anderson

Title or position of Authorized Officer Customer Acct & Billing Mgr / Secretary

Telephone number of Authorized Officer: (620) 654-3381 ext.

Study Area Code of Reporting Carrier

411782

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 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) TCA. Inc 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 TCA, Inc.						
Name of Reporting Carrier Home Telephone Company, Inc.						
Signature of Authorized Officer Juna Anderson				Date 6/9/2025		
Printed name of Authorized Officer Tina Anderson						
Title or position of Authorized Officer Customer Acct & Billing Mgr / Secretary						
Telephone number of Authorized Officer: (620) 654-3381, ext.						
Study Area Code of Reporting Carrier	411782		iling Due Date for this form mm/dd/yyyy)	June 16, 2025		
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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 Home Telep	hone Company	/, Inc.			A
	Anderson _			Date	6/9/2025
Printed name of authorized officer Tina A	nderson			- 1	
Title or position of authorized officer Custo	omer Acct & Bill	ing Mgr / S	Secretary		
Telephone number of authorized officer: (62	20) 6 <u>5</u> 4-33 <u>8</u> 1				
Study Area Code of Reporting Carrier	411782		ng Due Date for this form n/dd/yyyy)	June 16,2025	
Pareone willfully making falso staton	nonte on this form can	ho nuniched l	by fine or forfeiture under	the Communications	Act of 1934 47 H S C 88 502

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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 Home Tel	ephone Company	, Inc.		
	Anderson		Date	6/9/2025
Printed name of authorized officer Tina	Anderson			
Title or position of authorized officer Cu	stomer Acct & Billi	ing Mgr / Secretary		
Telephone number of authorized officer:	(620) <u>6</u> 54-33 <u>81</u>			
Study Area Code of Reporting Carrier	411782	Filing Due Date for this form (mm/dd/yyyy)	June 16,2025	
		be punished by fine or forfeiture under t under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,