THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

Pat Apple, Chairman

	Shari Feist Albrech Jay Scott Emler	
In the Matter of a General Inv The Adjustment of Intrastate S and Reciprocal Compensation Pursuant to the Federal Comr Commission's Reforms, Effect	Switched Access) Charges) nunication)	Docket No. 17-GIMT-426-GIT

Before Commissioners:

INDEPENDENT TELECOMMUNICATIONS GROUP SUBMISSION OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

COMES NOW the Independent Telecommunications Group, Columbus *et al.*, and as required by the FCC, submit the accompanying information.

1. The following rural local exchange carriers (" RLECs") submit this information:

Columbus Communications Services, LLC
Cunningham Telephone Co., Inc.
Gorham Telephone Co. Inc.
H & B Communications, Inc.
Home Telephone Co., Inc.
LaHarpe Telephone Co.

Moundridge Telephone Co., Inc.
Totah Communications, Inc.
Wamego Telephone, Inc.
Wilson Telephone Co., Inc.
Zenda Telephone Co., Inc.

2. Each of the above local exchange carriers submits its respective companyspecific 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 ph

(785) 242-3855 fax doty.mark@gmail.com

VERIFICATION

STATE OF KANSAS)
) ss
COUNTY OF FRANKLIN)

I, Mark Doty, of lawful age, being first duly sworn upon oath, state:

I am an attorney for the Independent Telecommunications Group; I have read the above and foregoing document and attachments, and upon information and belief, state that the matters therein appearing are true and correct.

Mark Doty

SUBSCRIBED AND SWORN to before me this _____th day of June, 2016.

Notary Public

My Commission Expires:

04/18/2021

Block 1	- Contact Inform		DATA COLL	ECTION - ON	IB Control Nu	mber 3060-0986	
ROW#	- Contact mon	DATA ELEMENT		FORMAT OF REQUESTED DATA		RESPONSE	
1	Carrier Study Area	Code		6 numeric dialts		411756	
2	Carrier Study Area	Name		alpha characters	Columbus Communic	ations Services LLC (Columbus Telephone Co)	
3	Service Provider Id	entification Number	t)	9 numeric digits	143002287		
4	Residential Local	Service Charge E	fective Date	mm/dd/yyyy	6/1/2016		
5	Contact Name			alpha characters	Patricia Carroll		
6	Contact Telephone	Number (Include a	rea code)	9 numeric digits	620-429-3132		
7	Sheet number		numeric digit(s)				
8	Total Number of Sheets		numeric digit(s)				
	Column 1 Residential Local Service Charge	Column 2 Slate Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandalory Extended Area Service Charge	Column 5 Loops	Counts	
	\$ 18.65	\$.	\$ 1.35	\$.	459		
10							
11							
12							

	·					
		remarkation (nee	HTTODH NAZSONI PANTIK GAMANI ESTOKE	PACELLO MENOR DESIGNATION DE	NAME OF THE OWNER OF THE OWNER.	1990/22111100012
Certification of	of Officer as to th	e Accurac	cy of the Data Reporte	d for the Rate F	loor Data	
	- 	 				
reported; and, to the best of m	yknowledge, the ir	nformation (reported on this form is a	accurate.	f the actual rate	
reported ; and, to the best of m	yknowledge, the ir	nformation (reported on this form is a	accurate.		
me of Reporting Carrier Columbus Co	yknowledge, the ir	nformation (reported on this form is a	accurate.		
me of Reporting Carrier Columbus Co	yknowledge, the ir	nformation (reported on this form is a	accurate.		
ame of Reporting Carrier Columbus Co gnature of authorized officer Patrict inted name of authorized officer Carpe te or position of authorized officer Carpe	whowledge, the in	nformation (reported on this form is a	accurate.		
me of Reporting Carrier Columbus Co	whowledge, the in	oformation of the control of the con	reported on this form is a	accurate.		

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 Patricia Carroll Title or position of Authorized Officer Corporate Secretary Telephone number of Authorized Officer: (620) 429-3132 ext. Study Area Code of Reporting Carrier 411756 Filing Due Date for this form (mm/dd/yyyy) 6/16/2017

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 Patricia Carroll Title or position of authorized officer Corporate Secretary Telephone number of authorized officer: (620) 429-3132 Study Area Code of Reporting Carrier 411756 Filling Due Date for this form 6/16/2017 (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.

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	s Communications	Services LLC		
Signature of authorized officer	12 C	· · · ·	Date	5/27/2017
Printed name of authorized officer Patr	ricia Carroll			
Title or position of authorized officer CO	orporate Secretary			
Telephone number of authorized officer:	(620) 429-3132			
Study Area Code of Reporting Carrier	411756	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

Certification of	Officer to Authorize	an Agent to File Data Reported	on Behalf of Rep	orting Carrier
	s include ensuring the acc	t the information reported on behalf of the curacy of the data provided to the Author		The state of the s
Name of Authorized Agent BKD, LLP				
Name of Reporting Carrier Columbus	s Communications	Services LLC		
Signature of Authorized Officer	Van	ter	-	Date 5/27/2017
Printed name of Authorized Office Patri	cia carroll		· · · · · · · · · · · · · · · · · · ·	
Title or position of Authorized Officer COI				
Telephone number of Authorized Officer:	(620) 429-3132 ext.	Net-weight		
Study Area Code of Reporting Carrier	411756	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false stateme		shed by fine or forfeiture under the Commu		7 U.S.C. §§ 502, 503(b), or fine or

TO BE COMPLETED BY THE REPORTING CARRIER.

Cert	fication of Officer as	s to the Accuracy of the CAF ICC Data R	eported			
I certify that I am an officer of the reporting carr and, to the best of my knowledge, the informati		-	data reported;			
Name of Reporting Carrier: CUNNII	NGHAM TEL CO					
Digitally signed by Brent Cunningham DN:cn=Brent Cunningham, email=brent@ctctelephony.tv,O=cunningha m tel co,I=Glen Elder KS 67446-0108, Date: 5/21/201 Date: 5/21/20						
Signature of Authorized Officer:						
Printed name of Authorized Officer:	Brent Cunningh	nam				
Title or position of Authorized Officer:	General Manage	er				
Telephone number of Authorized Officer:	785-545-3215					
Study Area Code of Reporting Carrier	411761	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
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:

Certific	ation of Officer to Authoriz					
I certify that (Name of Agent)	National Exchange Car	riers Association,	Inc.	t the information reported on		
behalf of the reporting carrier. I also accuracy of the data provided to the Agent is accurate.	certify that I am an officer of t	he reporting carrier;	my responsibilities inc	lude ensuring the		
Name of Authorized Agent :	National Exchange Car	riers Association,	Inc.			
Name of Reporting Carrier:	CUNNINGHAM TEL CO)				
Digitally signed by Brent Cunningham DN:cn=Brent Cunningham Cunningham Cunningham DN:cn=Brent Cunningham, email=brent@ctcleiephory,tv,O=cunningham tel co,i=Glen Elder KS 67446-0108, Date:5/21/2017 Date:						5/21/2017
Printed name of Authorized Officer:	E	Brent Cunninghan	1			
Title or position of Authorized Office	er:	General Manage	er			
Telephone number of authorized of	ficer:	785-545-3215				
Study Area Code of Reporting Carrier 411761		GEORGE STATUTE OF THE STATE OF	Due Date for this nm/dd/yyyy)	6/16/2017		
	king false statements on this C. §§ 502, 503(b), or fine or imp			under the Communications Act of 193 es Code, 18 U.S.C. § 1001.	34,	

	TO BE COMPLETED BY A	AN OFFICER (OF THE REPORTING C	ARRIER		
Certifica	tion of Officer for Rate-o	f-Return Car	rier Eligibility for CA	F/ICC Recovery		
				ŝ		
I certify that I am an officer of the reporting car certifies that it has complied with Eligible Reco CAF ICC support requested pursuant to §51.91	very §51.917(d) and Access					
Name of Reporting Carrier: CUNNI	NGHAM TEL CO					
	Brent Cunning	gham	Cunningham,email=brent	Cunningham DN:cn=Brent @ctctelephony.tv,O=cunningham		
Signature of Authorized Officer or employee:	5758	S	tel co,l=Glen Elder KS 67	446-0108, Date:5/21/2017	Date:	5/21/2017
Printed name of Authorized Officer or employ		Cunningham				
Title or position of Authorized Officer or emplo	oyee: Gener	ral Manage	r			
Telephone number of Authorized Officer or en	mployee: 785-54	45-3215				
Study Area Code of Reporting Carrier	411761		ue Date for this m/dd/yyyy)	6/16/2017		
	statements on this form car 603(b), or fine or imprisonme			ider the Communications Act of 1 s Code, 18 U.S.C. § 1001.	934,	

Certifica	tion of Officer for Rate	-of-Return Carrier Not Seekii	ng Duplicative Recovery		
I certify that I am an officer of the reporting ca duplicative recovery in the state jurisdiction fo			UNION TO STORE A PORT A CONTRACTOR OF WAR TO LOCATE		
Name of Reporting Carrier: CUNN	INGHAM TEL CO				
Signature of Authorized Officer or employee	Brent Cunnir	igham Cunningham,en	by Brent Cunningham DN:cn=Brent nail=brent@ctctelephony.tv,O=cunningham fer KS 67446-0108, Date:5/21/2017	Date:	5/21/2017
Printed name of Authorized Officer or emplo	yee: Brer	nt Cunningham			
Fitle or position of Authorized Officer or emp	loyee: Ge	eneral Manager			
Felephone number of Authorized Officer or e	employee: 78	5-545-3215			
Study Area Code of Reporting Carrier	411761	Filing Due Date for the form (mm/dd/yyyy)	6/16/2017		
Domono villfullu molina folo	statements on this form	can be punished by fine or forf	eiture under the Communications Act of	1024	-TELLISTICS TELESCOPERS

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certific	ation of Officer to Authoriz	ze an Agent to File	Data Reported on Beh	alf of Reporting Carrier		
I certify that (Name of Agent) behalf of the reporting carrier. I also accuracy of the data provided to the Agent is accurate.		tne reporting carrier;	my responsibilities inclu	de ensuring the		
Name of Authorized Agent :	National Exchange Car	rriers Association,	Inc.			
Name of Reporting Carrier:	GORHAM TEL CO					
Tonya Murphy Tonya Murphy Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/23/2017 Date:					5/23/2017	
Printed name of Authorized Officers		Tonya Murphy			•	
Title or position of Authorized Office	er:	Secretary/Treas	surer			
Telephone number of authorized of	fficer:	785-637-5300				
Study Area Code of Reporting Carr	rier 411778		Due Date for this mm/dd/yyyy)	6/16/2017		
-	aking false statements on this .C. §§ 502, 503(b), or fine or in		=	der the Communications Act of 1 s Code, 18 U.S.C. § 1001.	1934,	

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: **GORHAM TEL CO** Digitally signed by Tonya Murphy DN:cn=Tonya **Tonya Murphy** Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,I=Gorham KS 67640-0235, Date:5/23/2017 Signature of Authorized Officer or employee: 5/23/2017 Date: **Tonya Murphy** Printed name of Authorized Officer or employee: Secretary/Treasurer Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-637-5300 Filing Due Date for this Study Area Code of Reporting Carrier 411778 6/16/2017 form (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.

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, the 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: **GORHAM TEL CO** Digitally signed by Tonya Murphy DN:cn=Tonya **Tonya Murphy** Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,I=Gorham KS 67640-0235, Date:5/23/2017 Signature of Authorized Officer or employee: Date: 5/23/2017 **Tonya Murphy** Printed name of Authorized Officer or employee: Secretary/Treasurer Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-637-5300 Filing Due Date for this Study Area Code of Reporting Carrier 411778 6/16/2017 form (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 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: **GORHAM TEL CO** Digitally signed by Tonya Murphy DN:cn=Tonya **Tonya Murphy** Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,I=Gorham KS 67640-0235, Date:5/23/2017 Date: 5/23/2017 Signature of Authorized Officer: **Tonya Murphy** Printed name of Authorized Officer: Secretary/Treasurer Title or position of Authorized Officer: Telephone number of Authorized Officer: 785-637-5300 Filing Due Date for this Study Area Code of Reporting Carrier 411778 6/16/2017 form (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 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: **H&B COMMUNICATIONS** Digitally signed by Robert Koch DN:cn=Robert **Robert Koch** Koch,email=robkoch@hbcomm.net,O=h & b communications,I=Holyrood KS 67450, Date:5/23/2017 Date: 5/23/2017 Signature of Authorized Officer: Robert Koch Printed name of Authorized Officer: President and General Manager Title or position of Authorized Officer: Telephone number of Authorized Officer: 785-252-4000 Filing Due Date for this Study Area Code of Reporting Carrier 411781 6/16/2017 form (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 THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certifica	ation of Officer to Authori	ze an Agent to File	Data Reported on Be	half of Reporting Carrier		
I certify that (Name of Agent) behalf of the reporting carrier. I also accuracy of the data provided to the Agent is accurate.	<u>-</u>	the reporting carrier;	ns authorized to submit my responsibilities incl	_		
Name of Authorized Agent :	National Exchange Ca	rriers Association,	Inc.			
Name of Reporting Carrier:	H & B COMMUNICATI	IONS				
Signature of Authorized Officer:	Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,I=Holyrood KS 67450, Date:5/23/2017 Date: 5/23.					
Printed name of Authorized Officer:		Robert Koch				
Title or position of Authorized Office	er:	President and G	General Manager			
Telephone number of authorized off	ficer:	785-252-4000				
Study Area Code of Reporting Carri	ier 411781		Due Date for this mm/dd/yyyy)	6/16/2017		
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.						

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: **H&B COMMUNICATIONS** Digitally signed by Robert Koch DN:cn=Robert **Robert Koch** Koch,email=robkoch@hbcomm.net,O=h & b communications,I=Holyrood KS 67450, Date:5/23/2017 Signature of Authorized Officer or employee: 5/23/2017 Date: Printed name of Authorized Officer or employee: Robert Koch President and General Manager Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-252-4000 Filing Due Date for this Study Area Code of Reporting Carrier 411781 6/16/2017 form (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.

Certificati	on of Officer for Ra	ate-of-Return Ca	rrier Not Seeking Dup	licative Recovery		
I certify that I am an officer of the reporting car duplicative recovery in the state jurisdiction fo						
Name of Reporting Carrier: H & B (COMMUNICATIO	_	Digitally signed by Robe	rt Koch DN:cn=Robert	1	
Robert Koch Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017 Signature of Authorized Officer or employee:					Date:	5/23/2017
Printed name of Authorized Officer or employ	ree: Ro	obert Koch				
Title or position of Authorized Officer or empl	oyee:	President and (General Manager			
Telephone number of Authorized Officer or e	mployee:	785-252-4000				
Study Area Code of Reporting Carrier	411781		Due Date for this (mm/dd/yyyy)	6/16/2017		
			=	under the Communications Act of the Code, 18 U.S.C. § 1001.	of 1934,	

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: HOME TEL CO Digitally signed by Tina Anderson DN:cn=Tina **Tina Anderson** Anderson,email=tanderson@hci-ks.com,O=home tel co,I=Galva KS 67443, Date:5/23/2017 Date: 5/23/2017 Signature of Authorized Officer: Tina Anderson Printed name of Authorized Officer: Customer Acct & Billing Mgr/Secretary Title or position of Authorized Officer: Telephone number of Authorized Officer: 620-654-3381 Filing Due Date for this Study Area Code of Reporting Carrier 411782 6/16/2017 form (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 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>-</u>	the reporting carrier;	is authorized to submit my responsibilities incli	_			
Name of Authorized Agent :	National Exchange Ca	rriers Association,	Inc.				
Name of Reporting Carrier:	HOME TEL CO						
Digitally signed by Tina Anderson DN:cn=Tina Tina Anderson Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017 Date: 5/2					5/23/2017		
Printed name of Authorized Officer:		Tina Anderson					
Title or position of Authorized Office	er:	Customer Acct	& Billing Mgr/Secreta	ary			
Telephone number of authorized of	ficer:	620-654-3381					
Study Area Code of Reporting Carri	ier 411782		Due Date for this mm/dd/yyyy)	6/16/2017			
-	aking false statements on this C. §§ 502, 503(b), or fine or in		=	nder the Communications Act of 19 es Code, 18 U.S.C. § 1001.	934,		

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 TEL CO Digitally signed by Tina Anderson DN:cn=Tina **Tina Anderson** Anderson,email=tanderson@hci-ks.com,O=home tel co,I=Galva KS 67443, Date:5/23/2017 Signature of Authorized Officer or employee: 5/23/2017 Date: Printed name of Authorized Officer or employee: Tina Anderson Customer Acct & Billing Mgr/Secretary Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 620-654-3381 Filing Due Date for this Study Area Code of Reporting Carrier 411782 6/16/2017 form (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.

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, the 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 CO Digitally signed by Tina Anderson DN:cn=Tina **Tina Anderson** Anderson,email=tanderson@hci-ks.com,O=home tel co,I=Galva KS 67443, Date:5/23/2017 Signature of Authorized Officer or employee: 5/23/2017 Date: Printed name of Authorized Officer or employee: Tina Anderson Customer Acct & Billing Mgr/Secretary Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 620-654-3381 Filing Due Date for this Study Area Code of Reporting Carrier 411782 6/16/2017 form (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.

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 LaHarpe	Telephone Co	mpany, Inc		
Signature of authorized officer	Varry	u k	Date	5/24/2017
Printed name of authorized officer Har	ry Lee, Jr			
Title or position of authorized officer Pr	resident			
Telephone number of authorized officer:	620) 496-2291			
Study Area Code of Reporting Carrier	411791	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
		can be punished by fine or forfeiture under tl ment under Title 18 of the United States Cod		Act of 1934, 47 U.S.C. §§ 502,

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 LaHarpe Telephone Company, Inc 5/24/2017 Signature of authorized officer Date Printed name of authorized officer Harry Lee, Jr President Title or position of authorized officer (620) 496-2291 Telephone number of authorized officer: 6/16/2017 Filing Due Date for this form 411791 Study Area Code of Reporting Carrier (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.

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier								
I certify that (Name of Agent). Moss Adams LLP 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 Agent Moss Adams	s LLP							
	Telephone Co	mpany, I	nc					
Signature of Authorized Officer	my Lu	50.	A		Date 5/24/2017			
Printed name of Authorized Officer Harry I	Lee, Jr							
	sident							
Telephone number of Authorized Officer.	620) 496-2291	ext.	II.					
Study Area Code of Reporting Carrier	411791		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017				
Persons willfully making false statements			fine or forfeiture under the Commo		47 U.S.C. §§ 502, 503(b), or fine or			

Telephone number of Authorized Officer: (620) 496-2291 ext

411791

Signature of Authorized Officer

Printed name of Authorized Officer

Study Area Code of 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 LaHarpe Telephone Company, Inc 5/24/2017 Harry Lee, Jr Title or position of Authorized Officer President

6/16/2017

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.

(mm/dd/yyyy)

Filing Due Date for this form

Certification of Officer to Authorize an Agent to File Data on Behalf of Reporting Carrier

I certify that (Name of Agent) <u>John Staurulakis</u>, <u>Inc. (JSI)</u> is authorized to submit 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 Agent	John Stau	ırulakis, lı	nc. (JSI)			
Name of Reporting Carrier	Moundri	dge Tele _l	phone Compar	ny		
Signature of Authorized Officer	Sau	Gnu	Smit	Date	/31/17	
Printed name of Authorized Officer	Jane S	ommer Si	mith			
Title or position of Authorized Officer	Vice Pre	sident				į
Telephone number or Authorized Office	r. (6	20)34:	5-2831			
Study Area Code of Reporting Carrier	411808		Filing Due Date (mm/dd/yyyy)	for this form	06/16/2017	

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	Moundridge Telephone Company
Signature of Authorized Officer	/au Som Duty Date 5/31/17
Printed name of Authorized Officer	Jane Sommer Smith
Title or position of Authorized Officer	Vice President
Telephone number or Authorized Officer.	(620) 345-2831
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2017

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	Moundri	idge Telephone Company			
Signature of Authorized Officer	Jan So	nu Sie	Date	/31/17	
Printed name of Authorized Officer	Jane S	Sommer Smith			
Title or position of Authorized Officer	Vice Pre	esident			
Telephone number or Authorized Officer.	(620)	345-2831			
Study Area Code of Reporting Carrier	411808	Filing Due Date for th (mm/dd/yyyy)	is form	06/16/2017	

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, the 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	Moundrid	ge Telephone Company			
Signature of Authorized Officer	Sauce	Dru (yee)	Date 5	-/31/17	
Printed name of Authorized Officer	Jane So	mmer Smith			
Title or position of Authorized Officer	Vice Presi	ident			
Telephone number or Authorized Officer.	(620)3	345-2831			
Study Area Code of Reporting Carrier	411808	Filing Due Date for th (mm/dd/yyyy)	is form	06/16/2017	i.

Certification of Officer to Authorize an Agent to File Data on Behalf of Reporting Carrier

I certify that (Name of Agent) <u>John Staurulakis</u>, <u>Inc. (JSI)</u> is authorized to submit 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 Agent	John Staur	ulakis, I	nc. (JSI)			
Name of Reporting Carrier	Totah Cor	nmunic	eations, Inc.			
Signature of Authorized Officer	if En)also	⇒	Date 5	131/17	
Printed name of Authorized Officer	Keith W	/atson				
Title or position of Authorized Officer	Executive	VP/C	ontroller			
Telephone number or Authorized Office	er. (918	8) 535	-2208			
Study Area Code of Reporting Carrier	432030- OK 412030- KS		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2017	

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	Totah Communications, Inc.	
Signature of Authorized Officer	: H Ewats =	Date 5/31/17
Printed name of Authorized Officer	Keith Watson	
Title or position of Authorized Officer	Executive VP / Controller	
Telephone number or Authorized Officer.	(918) 535-2208	
Study Area Code of Reporting Carrier	432030- OK 412030- KS Filing Due Date fo (mm/dd/yyyy)	06/16/2017

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	Totah Communic	cations, Inc.		
Signature of Authorized Officer	: A Swats	Da	5/3/17	
Printed name of Authorized Officer	Keith Watson			
Title or position of Authorized Officer	Executive VP / C	ontroller		
Telephone number or Authorized Officer.	(918) 535-220	08		
Study Area Code of Reporting Carrier	432030- OK 412030- KS	Filing Due Date for this fo (mm/dd/yyyy)	rm 06/16/2017	

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, the 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	Totah Cor	nmunic	cations, Inc.			
Signature of Authorized Officer	Al En	John		Date 5	3117	
Printed name of Authorized Officer	Keith W	/atson				
Title or position of Authorized Officer	Executive	VP/C	ontroller			
Telephone number or Authorized Officer.	(918) 53	35-220)8			
Study Area Code of Reporting Carrier	432030- OK 412030- KS		Filing Due Date for this f (mm/dd/yyyy)	form	06/16/2017	

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 Totah C	Communications			
Signature of authorized officer	ill Ewats	\Rightarrow	Date	5/17/17
Printed name of authorized officer Keit	h Watson			**
Title or position of authorized officer Ex	xecutive VP / Contr	oller		
Telephone number of authorized officer:	(918) 535-2208			
Study Area Code of Reporting Carrier	412030	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

Certificati	on of Officer for F	Rate-of-R	eturn Carrier Not Seeking	Duplicative Rec	overy
	- The same 1970	and Sint yes .	N. A. C. C. S.		
			best of my knowledge, this reporti ry mechanism as per 51.917(d)(vii).		ng duplicative recovery in
Name of Reporting Carrier Totah C	ommunications	;			
Signature of authorized officer	HEWS	たの		Date	5/17/17
Printed name of authorized officer Keith	n Watson				,
Title or position of authorized officer Exe	ecutive VP / Co	ontroller			
Telephone number of authorized officer:	(918) 535-2208				
Study Area Code of Reporting Carrier	432030		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false sta 503(I			shed by fine or forfeiture under th Title 18 of the United States Code		Act of 1934, 47 U.S.C. §§ 502,

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: TWIN VALLEY TEL INC Digitally signed by Scott Leitzel DN:cn=Scott **Scott Leitzel** Leitzel,email=scott.leitzel@tvtinc.net,O=twin valley tel inc,I=Miltonvale KS 67466, Date:5/24/2017 Date: 5/24/2017 Signature of Authorized Officer: Printed name of Authorized Officer: Scott Leitzel Vice President-Operations Title or position of Authorized Officer: Telephone number of Authorized Officer: 785-427-9504 Filing Due Date for this Study Area Code of Reporting Carrier 411840 6/16/2017 form (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 THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certifica	ation of Off	icer to Authori	ze an Agent	to File Data Reported on Behal	f of Reporting Carrier			
I certify that (Name of Agent) behalf of the reporting carrier. I also accuracy of the data provided to the Agent is accurate.	certify that I		the reporting	carrier; my responsibilities include	ensuring the			
Name of Authorized Agent :	National	Exchange Ca	rriers Asso	ciation, Inc.				
Name of Reporting Carrier:	TWIN VA	LLEY TEL IN	С					
Signature of Authorized Officer:	Scott Le	eitzel		Digitally signed by Scott Leitz Leitzel,email=scott.leitzel@tv inc,l=Miltonvale KS 67466, D	tinc.net,O=twin valley tel	Di	ate:	5/24/2017
Printed name of Authorized Officer:			Scott Leitz	el				
Title or position of Authorized Office	er:		Vice Pre	sident-Operations				
Telephone number of authorized off	ficer:		785-427-	9504				
Study Area Code of Reporting Carri	er	411840		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
•	-			e punished by fine or forfeiture unde under Title 18 of the United States (1934,		

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: TWIN VALLEY TEL INC Digitally signed by Scott Leitzel DN:cn=Scott **Scott Leitzel** Leitzel,email=scott.leitzel@tvtinc.net,O=twin valley tel inc,I=Miltonvale KS 67466, Date:5/24/2017 Signature of Authorized Officer or employee: 5/24/2017 Date: Printed name of Authorized Officer or employee: Scott Leitzel Vice President-Operations Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-427-9504 Filing Due Date for this Study Area Code of Reporting Carrier 411840 6/16/2017 form (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.

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, the 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). TWIN VALLEY TEL INC Name of Reporting Carrier: Digitally signed by Scott Leitzel DN:cn=Scott **Scott Leitzel** Leitzel,email=scott.leitzel@tvtinc.net,O=twin valley tel inc,I=Miltonvale KS 67466, Date:5/24/2017 Signature of Authorized Officer or employee: 5/24/2017 Date: Printed name of Authorized Officer or employee: Scott Leitzel Vice President-Operations Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-427-9504 Filing Due Date for this Study Area Code of Reporting Carrier 411840 6/16/2017 form (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 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: TWIN VALLEY TEL INC Digitally signed by Scott Leitzel DN:cn=Scott **Scott Leitzel** Leitzel,email=scott.leitzel@tvtinc.net,O=twin valley tel inc,I=Miltonvale KS 67466, Date:5/24/2017 Date: 5/24/2017 Signature of Authorized Officer: Printed name of Authorized Officer: Scott Leitzel Vice President-Operations Title or position of Authorized Officer: Telephone number of Authorized Officer: 785-427-9504 Filing Due Date for this Study Area Code of Reporting Carrier 411840 6/16/2017 form (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 THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certifica	ation of Off	icer to Authori	ze an Agent	to File Data Reported on Behal	f of Reporting Carrier			
I certify that (Name of Agent) behalf of the reporting carrier. I also accuracy of the data provided to the Agent is accurate.	certify that I		the reporting	carrier; my responsibilities include	ensuring the			
Name of Authorized Agent :	National	Exchange Ca	rriers Asso	ciation, Inc.				
Name of Reporting Carrier:	TWIN VA	LLEY TEL IN	С					
Signature of Authorized Officer:	Scott Le	eitzel		Digitally signed by Scott Leitz Leitzel,email=scott.leitzel@tv inc,l=Miltonvale KS 67466, D	tinc.net,O=twin valley tel	Di	ate:	5/24/2017
Printed name of Authorized Officer:			Scott Leitz	el				
Title or position of Authorized Office	er:		Vice Pre	sident-Operations				
Telephone number of authorized off	ficer:		785-427-	9504				
Study Area Code of Reporting Carri	er	411840		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
•	-			e punished by fine or forfeiture unde under Title 18 of the United States (1934,		

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: TWIN VALLEY TEL INC Digitally signed by Scott Leitzel DN:cn=Scott **Scott Leitzel** Leitzel,email=scott.leitzel@tvtinc.net,O=twin valley tel inc,I=Miltonvale KS 67466, Date:5/24/2017 Signature of Authorized Officer or employee: 5/24/2017 Date: Printed name of Authorized Officer or employee: Scott Leitzel Vice President-Operations Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-427-9504 Filing Due Date for this Study Area Code of Reporting Carrier 411840 6/16/2017 form (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.

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, the 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). TWIN VALLEY TEL INC Name of Reporting Carrier: Digitally signed by Scott Leitzel DN:cn=Scott **Scott Leitzel** Leitzel,email=scott.leitzel@tvtinc.net,O=twin valley tel inc,I=Miltonvale KS 67466, Date:5/24/2017 Signature of Authorized Officer or employee: 5/24/2017 Date: Printed name of Authorized Officer or employee: Scott Leitzel Vice President-Operations Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-427-9504 Filing Due Date for this Study Area Code of Reporting Carrier 411840 6/16/2017 form (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.

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 Wamego	Telecommunication	ons Company, Inc				
Signature of Authorized Officer	(1)/1	is			Date 86-01-1	17
Printed name of Authorized Officer Jef	f Wick				t	,
Title or position of Authorized Officer Ge	neral Manager					
Telephone number of Authorized Officer: (785) 456 - 1000 _, ex	d				
Study Area Code of Reporting Carrier	411845	Filing Due D (mm/dd/yyy	eate for this form	6/1/2017		

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.

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 Wamego	Telecommun	ication	is Company, Inc.		
Signature of authorized officer	DWI)		Date	06-01-17
Printed name of authorized officer Jeff	Wick				
Title or position of authorized officer Ger	neral Manager	•			
Telephone number of authorized officer: (78	35)456-1000 , ext.				
Study Area Code of Reporting Carrier	411845		Filing Due Date for this form (mm/dd/yyyy)	6/1/2017	
Persons willfully making false state 503(b).			shed by fine or forfeiture under the Title 18 of the United States Cod		Act of 1934, 47 U.S.C. §§ 502,

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 Wamego	Telecommunication	ons Company, Inc.		
Signature of authorized officer	Jell U	LiB	Date	06-01-17
Printed name of authorized officer Jeff	Wick			
Title or position of authorized officer G	eneral Manager			
Telephone number of authorized officer:	(785)456-1000 , ext.		_	
Study Area Code of Reporting Carrier	411845	Filing Due Date for this form (mm/dd/yyyy)	6/1/2017	
		be punished by fine or forfeiture under the transfer to the under Title 18 of the United States Coo		Act of 1934, 47 U.S.C. §§ 502,

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: WILSON TEL CO INC Digitally signed by Brian Boisvert DN:cn=Brian **Brian Boisvert** Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,I=Wilson KS 67490-0190, Date:5/23/2017 Date: 5/23/2017 Signature of Authorized Officer: Printed name of Authorized Officer: Brian Boisvert CEO /General Manager Title or position of Authorized Officer: Telephone number of Authorized Officer: 785-658-2111 Filing Due Date for this Study Area Code of Reporting Carrier 411849 6/16/2017 form (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 THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certifica	ation of (Officer to Author	ize an Agent	to File Data Reported on Be	ehalf of Reporting Carrier		
I certify that (Name of Agent)	certify tha		f the reporting	is authorized to subm carrier; my responsibilities inc	_		
Name of Authorized Agent :	Nation	al Exchange Ca	arriers Assoc	iation, Inc.			
Name of Reporting Carrier:	WILSC	ON TEL CO INC	;				
Signature of Authorized Officer:	Brian	Boisvert		Digitally signed by Brian Boisvert, email=boisvert inc,I=Wilson KS 67490-0	@wilsoncom.us,O=wilson tel co	Date:	5/23/2017
Printed name of Authorized Officer:			Brian Boisy	vert			
Title or position of Authorized Office	r:		CEO /Ger	neral Manager			
Telephone number of authorized off	icer:		785-658-2	1111			
Study Area Code of Reporting Carri	er	411849		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
-	_			punished by fine or forfeiture ander Title 18 of the United Sta	under the Communications Act of the Code, 18 U.S.C. § 1001.	1934,	

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: WILSON TEL CO INC Digitally signed by Brian Boisvert DN:cn=Brian **Brian Boisvert** Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,I=Wilson KS 67490-0190, Date:5/23/2017 Signature of Authorized Officer or employee: 5/23/2017 Date: Printed name of Authorized Officer or employee: Brian Boisvert CEO /General Manager Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-658-2111 Filing Due Date for this Study Area Code of Reporting Carrier 411849 6/16/2017 form (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.

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, the 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: WILSON TEL CO INC Digitally signed by Brian Boisvert DN:cn=Brian **Brian Boisvert** Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,I=Wilson KS 67490-0190, Date:5/23/2017 Signature of Authorized Officer or employee: Date: 5/23/2017 Printed name of Authorized Officer or employee: Brian Boisvert CEO /General Manager Title or position of Authorized Officer or employee: Telephone number of Authorized Officer or employee: 785-658-2111 Filing Due Date for this Study Area Code of Reporting Carrier 411849 6/16/2017 form (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 THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of (Officer to Authori:	ze an Ag	ent to File Data Reported	on Behalf of Re	porting Carrier
I certify that (Name of Agent) <u>National</u> reporting carrier. I also certify that I am Agent; and, to the best of my knowledge	an officer of the repo	rting carrie	er; my responsibilities include en		[18] : [18] [18] [18] [18] [18] [18] [18] [18]
Name of Authorized Agent National Ex	change Carrier As	sociation	, Inc. (NECA)	erope (1)	2.1.2210000
Name of Reporting Carrier Zenda Te	lephone Compa	ny, Inc			
Signature of Authorized Officer	tolon 1 t	12de	Ellen		Date 05-17-2017
Printed name of Authorized Officer John	R Ludenia				
Title or position of Authorized Officer Vic	e President		THE PARTY OF THE P		
	(304), 983-8642	ext.	7000-00	ATT A THINK OF THE PARTY OF THE	11 11 12 12 12 12 12 12 12 12 12 12 12 1
Study Area Code of Reporting Carrier	411852		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	
Persons willfully making false statemen			y fine or forfeiture under the Commu 18 of the United States Code, 18 U.S		47 U.S.C. §§ 502, 503(b), or fine or

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 Zenda Te	lephone Company	, Inc		
Signature of Authorized Officer		lederia	Date 05-17-2017	7
Printed name of Authorized Officer Joh				
Title or position of Authorized Officer Vio				
Telephone number of Authorized Officer:	(204) 002 0042	t		
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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.

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 Zenda T	elephone Compan	y, Inc		
Signature of authorized officer	tolle RRE	edlier	Date	05-17-2017
Printed name of authorized officer Joh	n R Ludenia			
Title or position of authorized officer Vio	ce President		14-140V	
Telephone number of authorized officer:				
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	

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 Zenda T	elephone Compan	y, Inc		
Signature of authorized officer	John R. K	udin-	Date	05-17-2017
Printed name of authorized officer Joh	n R Ludenia		7,010	
	ce President			
Telephone number of authorized officer:	(304) 983-8642			
Study Area Code of Reporting Carrier	411852	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017	