

THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

Before Commissioners: Pat Apple, Chairman  
Shari Feist Albrecht  
Jay Scott Emler

In the Matter of a General Investigation Into )  
The Adjustment of Intrastate Switched Access )  
and Reciprocal Compensation Charges ) Docket No. 17-GIMT-426-GIT  
Pursuant to the Federal Communication )  
Commission's Reforms, Effective July 1, 2017 )

**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	Moundridge Telephone Co., Inc.
Cunningham Telephone Co., Inc.	Totah Communications, Inc.
Gorham Telephone Co. Inc.	Twin Valley Telephone, Inc.
H & B Communications, Inc.	Wamego Telecommunications Co., Inc.
Home Telephone Co., Inc.	Wilson Telephone Co., Inc.
LaHarpe Telephone Co.	Zenda Telephone Co., Inc.

2. Each of the above local exchange carriers submits its respective company-  
specific information under seal as confidential and proprietary as set forth in the letter  
filed herewith.

Respectfully submitted,

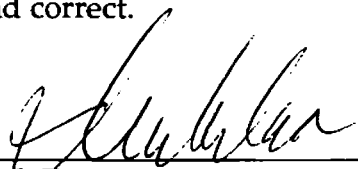
  
Mark Doty #14526  
GLEASON & DOTY, CHARTERED  
P.O. Box 490  
Ottawa, KS 66067  
(785) 242-3775 ph  
  
(785) 242-3855 fax  
doty.mark@gmail.com

**VERIFICATION**

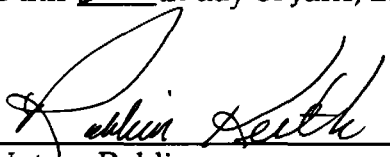
STATE OF KANSAS            )  
  ) ss:  
COUNTY OF FRANKLIN )

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.

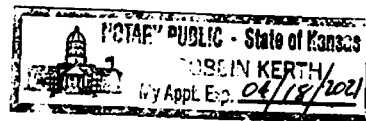
  
Mark Doty

SUBSCRIBED AND SWORN to before me this 2 th day of June, 2016.

  
Notary Public

My Commission Expires:

04/18/2021



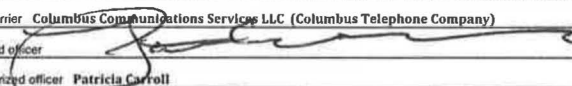
**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	411756
2	Carrier Study Area Name	alpha characters	Columbus Communications Services LLC (Columbus Telephone Co)
3	Service Provider Identification Number	9 numeric digits	143002287
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2016
5	Contact Name	alpha characters	Patricia Carroll
6	Contact Telephone Number (include area code)	9 numeric digits	620-429-3132
7	Sheet number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

**Block 2 - Residential Local Service Rates, Fees, and Line Counts**

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 18.65	\$ -	\$ 1.35	\$ -	459
10					
11					
12					

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:									
<b>Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data</b>									
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.									
Name of Reporting Carrier <u>Columbus Communications Service LLC (Columbus Telephone Company)</u>									
Signature of authorized officer 								Date <u>5/26/2017</u>	
Printed name of authorized officer <u>Patricia Carroll</u>									
Title or position of authorized officer <u>Corporate Secretary</u>									
Telephone number of authorized officer: <u>(620) 429 - 3132</u>									
Study Area Code of Reporting Carrier				<u>411756</u>		Filing Due Date for this form (mm/dd/yyyy)		<u>7/1/2017</u>	

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

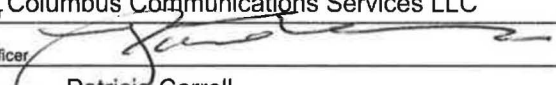
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Columbus Communications Services LLC	
Signature of Authorized Officer					
Date			5/27/2017		
Printed name 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	
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	5/27/2017
Printed name 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	
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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				Columbus Communications Services LLC	
Signature of authorized officer			Date		5/27/2017
Printed name 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
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

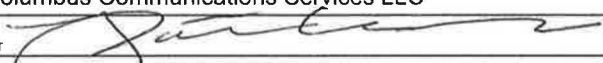
**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) BKD 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 BKD, LLP

Name of Reporting Carrier Columbus Communications Services LLC

Signature of Authorized Officer



Date 5/27/2017

Printed name 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

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: CUNNINGHAM TEL CO					
Signature of Authorized Officer:		Brent Cunningham		Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/21/2017	Date: 5/21/2017
Printed name of Authorized Officer: Brent Cunningham					
Title or position of Authorized Officer: General Manager					
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:

<b>Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier</b>					
I certify that (Name of Agent) <u>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>CUNNINGHAM TEL CO</u>					
Signature of Authorized Officer: <b>Brent Cunningham</b>				Digitally signed by Brent Cunningham DN: cn=Brent Cunningham, email=brent@ctctelephony.tv, O=cunningham tel co, c=Glen Elder KS 67446-0108, Date: 5/21/2017	
Date: <u>5/21/2017</u>					
Printed name of Authorized Officer: <u>Brent Cunningham</u>					
Title or position of Authorized Officer: <u>General Manager</u>					
Telephone number of authorized officer: <u>785-545-3215</u>					
Study Area Code of Reporting Carrier	<u>411761</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.					

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: CUNNINGHAM TEL CO

**Brent Cunningham**

Digitally signed by Brent Cunningham DN: cn=Brent  
Cunningham, email=brent@ctctelephony.tv, O=cunningham  
tel co, l=Glen Elder KS 67446-0108, Date: 5/21/2017

Signature of Authorized Officer or employee:

Date: 5/21/2017

Printed name of Authorized Officer or employee: Brent Cunningham

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 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 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, 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: CUNNINGHAM TEL CO

**Brent Cunningham**

Digitally signed by Brent Cunningham DN:cn=Brent  
Cunningham, email=brent@ctctelephony.tv, O=cunningham  
tel co, l=Glen Elder KS 67446-0108, Date: 5/21/2017

Signature of Authorized Officer or employee:

Date: 5/21/2017

Printed name of Authorized Officer or employee: Brent Cunningham

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 785-545-3215

Study Area Code of Reporting Carrier

411761

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

6/16/2017

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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>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>GORHAM TEL CO</u>					
Signature of Authorized Officer: <u>Tonya Murphy</u>				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: <u>5/23/2017</u>	
Printed name of Authorized Officer: <u>Tonya Murphy</u>					
Title or position of Authorized Officer: <u>Secretary/Treasurer</u>					
Telephone number of authorized officer: <u>785-637-5300</u>					
Study Area Code of Reporting Carrier	<u>411778</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.					

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: **GORHAM TEL CO**

Signature of Authorized Officer or employee: **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 Officer or employee: **Tonya Murphy**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier

**411778**

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 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, 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**

Signature of Authorized Officer or employee: **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 Officer or employee: **Tonya Murphy**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier

**411778**

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

**6/16/2017**

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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: **GORHAM TEL CO**

Signature of Authorized Officer: **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 Officer: **Tonya Murphy**

Title or position of Authorized Officer: **Secretary/Treasurer**

Telephone number of Authorized Officer: **785-637-5300**

Study Area Code of Reporting Carrier

**411778**

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

**6/16/2017**

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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: **H & B COMMUNICATIONS**

Signature of Authorized Officer: **Robert Koch**

Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer: **Robert Koch**

Title or position of Authorized Officer: **President and General Manager**

Telephone number of Authorized Officer: **785-252-4000**

Study Area Code of Reporting Carrier

**411781**

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:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier					
I certify that (Name of Agent) <u>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>H &amp; B COMMUNICATIONS</u>					
Signature of Authorized Officer: <u>Robert Koch</u>				Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017	Date: <u>5/23/2017</u>
Printed name of Authorized Officer: <u>Robert Koch</u>					
Title or position of Authorized Officer: <u>President and General Manager</u>					
Telephone number of authorized officer: <u>785-252-4000</u>					
Study Area Code of Reporting Carrier	<u>411781</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</u>	
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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: **H & B COMMUNICATIONS**

Signature of Authorized Officer or employee: **Robert Koch**  
Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer or employee: **Robert Koch**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier

**411781**

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

**6/16/2017**

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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, 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: **H & B COMMUNICATIONS**

Signature of Authorized Officer or employee: **Robert Koch**  
Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer or employee: **Robert Koch**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier

**411781**

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

**6/16/2017**

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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: **HOME TEL CO**

**Tina Anderson**

Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hcl-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017

Date: **5/23/2017**

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**

Study Area Code of Reporting Carrier

**411782**

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:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier					
I certify that (Name of Agent) <u>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>HOME TEL CO</u>					
Signature of Authorized Officer: <u>Tina Anderson</u>				Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017 Date: <u>5/23/2017</u>	
Printed name of Authorized Officer: <u>Tina Anderson</u>					
Title or position of Authorized Officer: <u>Customer Acct &amp; Billing Mgr/Secretary</u>					
Telephone number of authorized officer: <u>620-654-3381</u>					
Study Area Code of Reporting Carrier	<u>411782</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.					

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 TEL CO**

Signature of Authorized Officer or employee: **Tina Anderson**  
Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer or employee: **Tina Anderson**

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

Telephone number of Authorized Officer or employee: **620-654-3381**

Study Area Code of Reporting Carrier

**411782**

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

**6/16/2017**

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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, 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**

Signature of Authorized Officer or employee: **Tina Anderson**  
Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer or employee: **Tina Anderson**

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

Telephone number of Authorized Officer or employee: **620-654-3381**

Study Area Code of Reporting Carrier

**411782**

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

**6/16/2017**

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

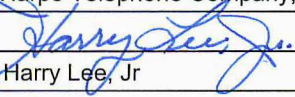
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier				
I certify that (Name of Agent) <u>Moss Adams LLP</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 Agent <u>Moss Adams LLP</u>				
Name of Reporting Carrier <u>LaHarpe Telephone Company, Inc</u>				
Signature of Authorized Officer 				Date <u>5/24/2017</u>
Printed name of Authorized Officer <u>Harry Lee, Jr</u>				
Title or position of Authorized Officer <u>President</u>				
Telephone number of Authorized Officer: <u>(620) 496-2291</u> , ext. _____				
Study Area Code of Reporting Carrier	<u>411791</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.				

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				LaHarpe Telephone Company, Inc	
Signature of Authorized Officer					
Date			5/24/2017		
Printed name of Authorized Officer				Harry Lee, Jr	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer: (620) 496-2291 ext.					
Study Area Code of Reporting Carrier		411791		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2017	
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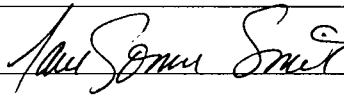
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) 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 Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

( 620 ) 345-2831

Study Area Code of Reporting Carrier

**411808**



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

06/16/2017



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**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	<b>Moundridge Telephone Company</b>		
Signature of Authorized Officer		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	411808	Filing Due Date for this form (mm/dd/yyyy)	06/16/2017

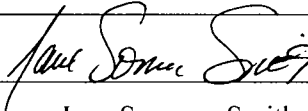
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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                      **Moundridge Telephone Company**

Signature of Authorized Officer



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

**411808**

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

**06/16/2017**

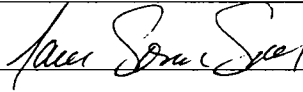
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **Moundridge Telephone Company**

Signature of Authorized Officer



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

**411808**



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

**06/16/2017**



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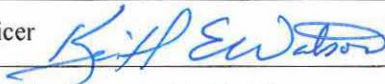
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) 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 Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Totah Communications, Inc.**

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer

Keith Watson

Title or position of Authorized Officer

Executive VP / Controller

Telephone number of Authorized Officer.

(918) 535-2208

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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

06/16/2017

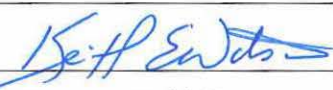
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **Total Communications, Inc.**

Signature of Authorized Officer



Date

5/31/17

Printed name of Authorized Officer

Keith Watson

Title or position of Authorized Officer

Executive VP / Controller

Telephone number of Authorized Officer.

(918) 535-2208

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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

06/16/2017

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**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                      **Total Communications, Inc.**

Signature of Authorized Officer



Date

*5/31/17*

Printed name of Authorized Officer

**Keith Watson**

Title or position of Authorized Officer

**Executive VP / Controller**

Telephone number of Authorized Officer.

**(918) 535-2208**

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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

**06/16/2017**

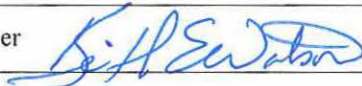
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **Total Communications, Inc.**

Signature of Authorized Officer



Date

**5/31/17**

Printed name of Authorized Officer

**Keith Watson**

Title or position of Authorized Officer

**Executive VP / Controller**

Telephone number of Authorized Officer.

**(918) 535-2208**

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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

**06/16/2017**

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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	Totah Communications		
Signature of authorized officer	<i>Keith Watson</i>	Date	5/17/17
Printed name of authorized officer	Keith Watson		
Title or position of authorized officer	Executive VP / Controller		
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


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				Totah Communications	
Signature of authorized officer				Date	5/17/17
Printed name of authorized officer		Keith Watson			
Title or position of authorized officer		Executive VP / Controller			
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 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**

Signature of Authorized Officer: **Scott Leitzel**

Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer: **Scott Leitzel**

Title or position of Authorized Officer: **Vice President-Operations**

Telephone number of Authorized Officer: **785-427-9504**

Study Area Code of Reporting Carrier

**411840**

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:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier					
I certify that (Name of Agent) <u>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>TWIN VALLEY TEL INC</u>					
Signature of Authorized Officer: <u>Scott Leitzel</u>				Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017	
Date: <u>5/24/2017</u>					
Printed name of Authorized Officer: <u>Scott Leitzel</u>					
Title or position of Authorized Officer: <u>Vice President-Operations</u>					
Telephone number of authorized officer: <u>785-427-9504</u>					
Study Area Code of Reporting Carrier	<u>411840</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.					



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: **TWIN VALLEY TEL INC**

**Scott Leitzel**

Digitally signed by Scott Leitzel DN:cn=Scott  
Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel  
inc,l=Miltonvale KS 67466, Date:5/24/2017

Signature of Authorized Officer or employee:

Date: **5/24/2017**

Printed name of Authorized Officer or employee: **Scott Leitzel**

Title or position of Authorized Officer or employee: **Vice President-Operations**

Telephone number of Authorized Officer or employee: **785-427-9504**

Study Area Code of Reporting Carrier

**411840**

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

**6/16/2017**

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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, 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: **TWIN VALLEY TEL INC**

Signature of Authorized Officer or employee: **Scott Leitzel**  
Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer or employee: **Scott Leitzel**

Title or position of Authorized Officer or employee: **Vice President-Operations**

Telephone number of Authorized Officer or employee: **785-427-9504**

Study Area Code of Reporting Carrier

**411840**

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

**6/16/2017**

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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: **TWIN VALLEY TEL INC**

Signature of Authorized Officer: **Scott Leitzel**

Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017

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Printed name of Authorized Officer: **Scott Leitzel**

Title or position of Authorized Officer: **Vice President-Operations**

Telephone number of Authorized Officer: **785-427-9504**

Study Area Code of Reporting Carrier

**411840**

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

**6/16/2017**

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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>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>TWIN VALLEY TEL INC</u>					
Signature of Authorized Officer: <u>Scott Leitzel</u>				Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017	
Date: <u>5/24/2017</u>					
Printed name of Authorized Officer: <u>Scott Leitzel</u>					
Title or position of Authorized Officer: <u>Vice President-Operations</u>					
Telephone number of authorized officer: <u>785-427-9504</u>					
Study Area Code of Reporting Carrier	<u>411840</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.					

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: **TWIN VALLEY TEL INC**

**Scott Leitzel**

Digitally signed by Scott Leitzel DN:cn=Scott  
Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel  
inc,l=Miltonvale KS 67466, Date:5/24/2017

Signature of Authorized Officer or employee:

Date: **5/24/2017**

Printed name of Authorized Officer or employee: **Scott Leitzel**

Title or position of Authorized Officer or employee: **Vice President-Operations**

Telephone number of Authorized Officer or employee: **785-427-9504**

Study Area Code of Reporting Carrier

**411840**

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 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, 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: **TWIN VALLEY TEL INC**

Signature of Authorized Officer or employee: **Scott Leitzel**  
Digitally signed by Scott Leitzel DN:cn=Scott Leitzel,email=scott.leitzel@tvinc.net,O=twin valley tel inc,l=Miltonvale KS 67466, Date:5/24/2017

Date: **5/24/2017**

Printed name of Authorized Officer or employee: **Scott Leitzel**

Title or position of Authorized Officer or employee: **Vice President-Operations**

Telephone number of Authorized Officer or employee: **785-427-9504**

Study Area Code of Reporting Carrier

**411840**

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

**6/16/2017**

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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 Wamego Telecommunications Company, Inc.

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Jeff Wick

Title or position of Authorized Officer General 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

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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 Wamego Telecommunications Company, Inc.

Signature of authorized officer

Date

06-01-17

Printed name of authorized officer

Jeff Wick

Title or position of authorized officer

General 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

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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 Wamego Telecommunications Company, Inc.

Signature of authorized officer

*Jeff Wick*

Date

06-01-17

Printed name of authorized officer Jeff Wick

Title or position of authorized officer General 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

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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: **WILSON TEL CO INC**

**Brian Boisvert**

Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017

Date: **5/23/2017**

Signature of Authorized Officer:

Printed name of Authorized Officer: **Brian Boisvert**

Title or position of Authorized Officer: **CEO /General Manager**

Telephone number of Authorized Officer: **785-658-2111**

Study Area Code of Reporting Carrier

**411849**

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:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier					
I certify that (Name of Agent) <u>National Exchange Carriers Association, 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>WILSON TEL CO INC</u>					
Signature of Authorized Officer: <u>Brian Boisvert</u>				Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017	
Date: <u>5/23/2017</u>					
Printed name of Authorized Officer: <u>Brian Boisvert</u>					
Title or position of Authorized Officer: <u>CEO /General Manager</u>					
Telephone number of authorized officer: <u>785-658-2111</u>					
Study Area Code of Reporting Carrier	<u>411849</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2017</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.					

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: **WILSON TEL CO INC**

Signature of Authorized Officer or employee: **Brian Boisvert**  
Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer or employee: **Brian Boisvert**

Title or position of Authorized Officer or employee: **CEO /General Manager**

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier

**411849**

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

**6/16/2017**

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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, 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**

Signature of Authorized Officer or employee: **Brian Boisvert**

Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/23/2017

Date: **5/23/2017**

Printed name of Authorized Officer or employee: **Brian Boisvert**

Title or position of Authorized Officer or employee: **CEO /General Manager**

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier

**411849**

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

**6/16/2017**

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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) National Exchange Carrier Association, Inc. (NECA) 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 National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Zenda Telephone Company, Inc

Signature of Authorized Officer

*John R. Ludenia*

Date 05-17-2017

Printed name of Authorized Officer John R Ludenia

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer: (304) 983-8642 ext. \_\_\_\_\_

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.

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 **Zenda Telephone Company, Inc**

Signature of Authorized Officer

*John R. Ludenia*

Date **05-17-2017**

Printed name of Authorized Officer **John R Ludenia**

Title or position of Authorized Officer **Vice President**

Telephone number of Authorized Officer: **(304) 983-8642**, ext.

Study Area Code of Reporting Carrier

**411852**

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

**6/16/2017**

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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 Zenda Telephone Company, Inc

Signature of authorized officer

*John R. Ludenia*

Date

05-17-2017

Printed name of authorized officer John R Ludenia

Title or position of authorized officer Vice 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

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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 **Zenda Telephone Company, Inc**

Signature of authorized officer

*John R Ludenia*

Date

**05-17-2017**

Printed name of authorized officer **John R Ludenia**

Title or position of authorized officer **Vice 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**

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