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LAW OFFICES JAMES M. CAPLINGER, CHARTERED 823 S.W. 10Th Ave. Topeka, KS 66612-1618

JAMES M. CAPLINGER (1929 – 2015) JAMES M. CAPLINGER, JR. COLLEEN R. JAMISON (785) 232-0495 FAX (785) 232-0724 jrcaplinger@caplinger.net colleen@caplinger.net

June 6, 2018

Lynn M. Retz, Secretary Kansas Corporation Commission 1500 SW Arrowhead Rd Topeka, KS 66604

RE:

2018 CAF/ICC Data Collection and associated certifications

JBN Telephone Company, Inc. Docket No. 18-GIMT-448-GIT

Dear Ms. Retz:

Attached for filing please find JBN Telephone Company's 2018 CAF/ICC Data Collection and associated certificates, as required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the "2018 CAF/ICC Data Collection" pages have been marked as confidential; the company believes that the information is of such competitive sensitivity that its disclosure to any person other than the company, the Commission, and Staff, is prohibited by K.S.A. 66-1220a. Additionally, we reserve the right to amend the filing as necessary up to and including June 15, 2018, which is the date NECA will file the information with the FCC.

If you have any questions, please don't hesitate to let me know.

Cordially yours,

Colleen R. Jamison

Calleen & Junison

cc: Lori Larsh

Cel	rtification of Officer as	to the Accuracy of the CAF ICC Data	Reported	
I certify that I am an officer of the reporting ca and, to the best of my knowledge, the informa			tal data reported;	
Name of Reporting Carrier: J. B. N	I. TELEPHONE COM	PANY INC. Digitally signed by Mark	x Wade DN·cn≕Mark	
Mark Signature of Authorized Officer:	k Wade	Wade,email=mark@ha telephone company inc Date:5/25/2018	Date: 5/25/201	
Printed name of Authorized Officer:	Mark Wade			
Title or position of Authorized Officer:	VP of Operations			
Telephone number of Authorized Officer:	620-862-5211			
Study Area Code of Reporting Carrier	411785	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	

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 Carriers Association, Inc. Is authorized to submit the information reported on behalf of the reporting carrier, I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knwoledge, the actual data provided to the Authorized Agent; and, to the best of my knwoledge, the actual data provided to the Authorized							
Name of Authorized Agent :	National Exchange Co	arriers Association	, Inc.				
Name of Reporting Carrier:	J. B. N. TELEPHONE	COMPANY INC.					
Signature of Authorized Officer:	Mark Wade		Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havlandtelco.com,O=j, b. n. telephone company inc.,I=Haviland KS 67059, Date:5/26/2018 Date:				
Printed name of Authorized Officers		Mark Wade					
Title or position of Authorized Officer: VP of Operations							
Telephone number of authorized of	ficer:	620-862-5211					
Study Area Code of Reporting Carrier 411785			Due Date for this (mm/dd/yyyy)	6/18/2018			
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: J. B. N.	TELEPHONE COMPA	NY INC.						
Signature of Authorized Officer or employee:	Date: 5/25/2018							
Printed name of Authorized Officer or employ	ee: Mark W	/ade						
Title or position of Authorized Officer or empl	byee: VP of	Operations						
Telephone number of Authorized Officer or e	mployee: 620-8	62-5211	:					
Study Area Code of Reporting Carrier	411785	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018					
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 care duplicative recovery in the state jurisdiction for		The Part Court of the Court of	The state of the s	A SCHOOL			
auphoutive receivery in the state jurisdiction for	any Engine Recovery	y subject to the rec	overy incentanism as pe	1 301.017 (d)(VII).			
Name of Reporting Carrier: J. B. N.	TELEPHONE CO	MPANY INC.					
	Mark Wade			Digitally signed by Mark Wade DN:cn=Mark Wade,ernail=mark@havilandtelco.com,O=i, b, n, telephone			
Signature of Authorized Officer or employee:					Date:	5/25/2018	
,							
Drieted warre of Authorized Offices or ample	Ma	rk Wade					
Printed name of Authorized Officer or employ	ee. Ma	irk vvade					
Title or position of Authorized Officer or emplo	oyee: V	/P of Operations					
Telephone number of Authorized Officer or en	mployee: 62	20-862-5211					
	444705	Filing D	Filing Due Date for this	0140/0040			
Study Area Code of Reporting Carrier	411785	form (m	nm/dd/yyyy)	6/18/2018			
Persons willfully making false	statements on this for	rm can be nunished	hy fine or forfeiture un	der the Communications Act of	1934		
				s Code, 18 U.S.C. § 1001.	1504,		