

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

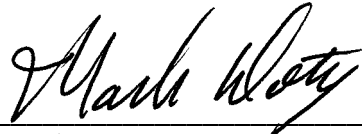
In the Matter of an Investigation to Determine )  
The Annual Assessment Rate for the )  
Twenty-Eighth Year of the Kansas Universal ) Docket No. 24-GIMT-229-GIT  
Fund, Effective March 1, 2024. )

**SUBMISSION**  
**OF ICC CAF DATA COLLECTION AND CERTIFICATIONS**

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

Home Telephone Company, Inc. submits its company-specific information  
under seal as confidential and proprietary as set forth in the letter filed herewith.

Respectfully submitted,



---

Mark Doty #14526  
GLEASON & DOTY, CHARTERED  
P.O. Box 490  
Ottawa, KS 66067  
(785) 242-3775  
Attorney for Home Telephone Company, Inc.

**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 Telephone Company, Inc.**

Signature of Authorized Officer *Tina Anderson* Date **6/11/2024**

Printed name of Authorized Officer **Tina Anderson**

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

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

Study Area Code of Reporting Carrier	<b>411782</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 17, 2024</b>
--------------------------------------	---------------	--	----------------------

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

I certify that (Name of Agent) TCA, Inc is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized TCA, Inc.

Name of Reporting Carrier Home Telephone Company, Inc.

Signature of Authorized Officer Tina Anderson Date 6/11/2024

Printed name of Authorized Officer Tina Anderson

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

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

Study Area Code of Reporting Carrier 411782 Filing Due Date for this form June 17, 2024

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 Telephone Company, Inc.

Signature of authorized officer *Tina Anderson* Date 6/11/2024

Printed name of authorized officer Tina Anderson

Title or position of authorized officer Customer Acct & Billing Mgr / Secretary

Telephone number of authorized officer: (620) 654-3381 ext.

Study Area Code of Reporting Carrier	411782	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
--------------------------------------	--------	--	---------------

**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				Home Telephone Company, Inc.	
Signature of authorized officer		<i>Tina Anderson</i>		Date	
				6/11/2024	
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)	
				June 17, 2024	
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.					