

COLLEEN R. JAMISON  
JAMISON LAW, LLC

June 7, 2024

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

RE: 2024 CAF/ICC Data Collection and Associated Certifications  
Docket No. 24-GIMT-229-GIT  
KanOkla Telephone Association

Dear Ms. Retz:

Attached for filing please find KanOkla Telephone Association's 2024 CAF/ICC Data Collection and Associated certificates, required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2024 CAF/ICC Data Collection pages has 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 17, 2024, which is the date NECA will file the information with the FCC.

If you have any questions, please let me know.

Sincerely,

*Colleen R. Jamison*

Colleen R. Jamison  
JAMISON LAW, LLC

Att.

cc: Jill Kuehny  
Tina Cohan

**REDACTED**

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: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer: **David Nance**

Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,l= , Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer: **David Nance**

Title or position of Authorized Officer: **Chief Operating Officer**

Telephone number of Authorized Officer: **620-845-5682**

Study Area Code of Reporting Carrier

**411788**

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

**6/17/2024**

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.

**REDACTED**

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>KANOKLA TEL ASSN-KS</u>					
Signature of Authorized Officer: <u>David Nance</u>				Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks, Date:5/20/2024	
Date: <u>5/20/2024</u>					
Printed name of Authorized Officer: <u>David Nance</u>					
Title or position of Authorized Officer: <u>Chief Operating Officer</u>					
Telephone number of authorized officer: <u>620-845-5682</u>					
Study Area Code of Reporting Carrier		<u>411788</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2024</u>
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**REDACTED**

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: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer or employee: **David Nance**  
Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,l= , Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer or employee: **David Nance**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

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**REDACTED**

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: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer or employee: **David Nance**

Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,l= , Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer or employee: **David Nance**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

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