

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the CAF/ICC Certification)
Filing Compliance as Required under the) Docket No. 25-GIMT-310-CPL
FCC's regulations-47 C.F.R. 51.917(d)(1)(vii))

SUBMISSION
OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

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

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

Respectfully submitted,



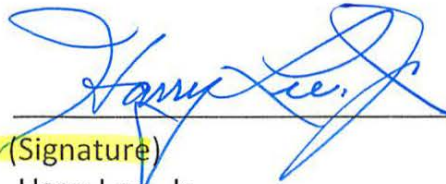
Mark Doty #14526
GLEASON & DOTY, CHARTERED
P.O. Box 490
Ottawa, KS 66067
(785) 242-3775
Attorney for LaHarpe Telephone Company,
Inc.

CERTIFICATION

I am the Owner of La Harpe Telephone Company .
(TITLE) (COMPANY)

I hereby certify that I have reviewed the preparation of all data supporting the June 16, 2025 Interstate Access Tariff Filing, and that I am authorized to execute this certification. Based upon information provided to me by employees responsible for the preparation of, or for supervision of the preparation of, the data submitted in support of the rates contained in the proposed tariff, I hereby certify that the data have been examined and reviewed and are true, correct and complete.

Date: June 16, 2025



(Signature)

Harry Lee, Jr.

Printed Name

Owner

(Title)

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 <u>La Harpe Telephone Company</u>			
Signature of authorized officer 		Date	<u>05/28/2025</u>
Printed name of authorized officer <u>Harry Lee, Jr.</u>			
Title or position of authorized officer <u>Owner</u>			
Telephone number of authorized officer: <u>(620) 496-2291</u>			
Study Area Code of Reporting Carrier	<u>411791</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/16/2025</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 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				La Harpe Telephone Company	
Signature of authorized officer			Date		05/28/2025
Printed name of authorized officer			Harry Lee, Jr.		
Title or position of authorized officer			Owner		
Telephone number of authorized officer:			(620) 496-2291		
Study Area Code of Reporting Carrier		411791	Filing Due Date for this form (mm/dd/yyyy)	06/16/2025	
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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					La Harpe Telephone Company	
Signature of authorized officer				Date		
				05/28/2025		
Printed name of authorized officer					Harry Lee, Jr.	
Title or position of authorized officer					Owner	
Telephone number of authorized officer:					(620) 496-2291	
Study Area Code of Reporting Carrier		411791		Filing Due Date for this form (mm/dd/yyyy)		06/16/2025
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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>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>La Harpe Telephone Company</u>			
Signature of Authorized Officer 			Date <u>05/28/2025</u>
Printed name of Authorized Officer <u>Harry Lee, Jr.</u>			
Title or position of Authorized Officer <u>Owner</u>			
Telephone number of Authorized Officer: <u>(620) 496-2291</u>			
Study Area Code of Reporting Carrier	<u>411791</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/16/2025</u>
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