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 Fund, Effective March 1, 2024.	))))	Docket No. 24-GIMT-229-GIT

SUBMISSION
OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

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

Wilson 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 Wilson 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:	WILSON TELEPHONE COMPANY INC.		
Signature of Authorized Officer:	**Craig Freeman**	Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer:	Craig Freeman		
Title or position of Authorized Officer:	Vice President / 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)	6/17/2024	

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, 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 TELEPHONE COMPANY INC.

Signature of Authorized Officer or employee:	**Craig Freeman** Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/22/2024	Date: 5/22/2024

Printed name of Authorized Officer or employee: Craig Freeman

Title or position of Authorized Officer or employee: Vice President / 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)	6/17/2024	

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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:	WILSON TELEPHONE COMPANY INC.	
Signature of Authorized Officer or employee:	**Craig Freeman** Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/22/2024	Date: 5/22/2024
Printed name of Authorized Officer or employee:	Craig Freeman	
Title or position of Authorized Officer or employee:	Vice President / 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)	6/17/2024	

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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 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 is accurate.**

Name of Authorized Agent :	National Exchange Carriers Association, Inc.		
Name of Reporting Carrier:	WILSON TELEPHONE COMPANY INC.		
Signature of Authorized Officer:	**Craig Freeman** Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/22/2024	Date:	5/22/2024
Printed name of Authorized Officer:	Craig Freeman		
Title or position of Authorized Officer:	Vice President / 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)	6/17/2024	

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