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June 2, 2017

Ms. Lynn M. Retz Secretary to the Commission Kansas Corporation Commission 1500 SW Arrowhead Road Topeka, KS 66604

Re: Docket No. 17-GIMT-426-GIT

Dear Ms. Retz.

Enclosed please find a copy of the 2017 Connect America Fund and Intercarrier Compensation (CAF/ICC) baseline and eligible recovery data and annual certification for The Southern Kansas Telephone Company, Inc. (SKT). This filing is being made in compliance with FCC requirements.

We are filing the CAF/ICC data proprietary and confidential under seal. SKT believes that the information contained in the CAF/ICC data is of such competitive sensitivity that its disclosure to any person other than SKT, the Commission, and Staff is prohibited by K.S.A. 66-1220(a). Disclosure of trade secrets and confidential information to any person, including parties to this proceeding, is prohibited unless the Commission finds the disclosure is warranted, after considering all of the factors in that statute. The carrier believes that disclosure of the information contained in the CAF/ICC data would have a significant and adverse impact on its competitive stance regarding existing or potential competing entities including wireless carriers, competitive local exchange carriers, and incumbent local exchange carriers. Regulatorily mandated disclosure of any or all of the subject information would create a competitive bias in favor of any actual or potential competitor not required to provide comparable information, reducing or eliminating any benefit to consumers otherwise resulting from unbiased competition and damaging the submitting company's ability to engage in fair competition.

Please do not hesitate to call with any questions you may have. . .

Very truly yours,

Mark E. Caplinger

Mark E. Caplinger, PA

Attorney for Southern Kansas Telephone Company, Inc.

enclosures MEC/njm

cc: Kendall Mikesell Bill McVey

## TO BE COMPLETED BY THE REPORTING CARRIER.

| Ce  | rtification of Officer as | to the Accuracy of the CAF ICC Data  | a Reported   |          |
|---|---------------------------|--|--|----------|
| I certify that I am an officer of the reporting ca<br>and, to the best of my knowledge, the informa |                           | 7  | ual data reported;   |          |
| Name of Reporting Carrier: SOUT   | HERN KANSAS TEL           |  |  |          |
| William McVey Signature of Authorized Officer:  |                           | McVey,email=bill@skt   | Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,i=Clearwater KS 67026-0800, Date:5/20/2017 |          |
| Printed name of Authorized Officer:   | William McVey             |  |  |          |
| Title or position of Authorized Officer:  | Chief Financial Of        | fficer   |  |          |
| Telephone number of Authorized Officer:   | 620-584-8337              |  |  |          |
| Study Area Code of Reporting Carrier  | 411833                    | Filing Due Date for this form (mm/dd/yyyy)   | 6/16/2017  |          |
|   |                           | n can be punished by fine or forfeiture un<br>onment under Title 18 of the United States |  | of 1934, |

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

| Certif  | fication of Officer to Autho                                      | rize an Agent to File  | Data Reported on Beh          | alf of Reporting Carrier                                  |  |  |  |
|---|---|--|-------------------------------|---|--|--|--|
| I certify that (Name of Agent)  | National Exchange Carriers Association, Inc.                      |  |                               |   |  |  |  |
| behalf of the reporting carrier. I all accuracy of the data provided to to Agent is accurate. | North Plant of parts and the fill the could be a mort of this and | handine dignil mas Andara and had  | my responsibilities inclu     | de ensuring the   |  |  |  |
| Name of Authorized Agent :  | National Exchange C   | arriers Association,   | Inc.                          | KI  | C - 1 2 - 1252/F-128-1004/FC-239-1150-19 |  |  |
| Name of Reporting Carrier:  | SOUTHERN KANSA  | S TEL  |                               |   |  |  |  |
| Signature of Authorized Officer:  | William McVey   | Digitally signed by William McVey DN:cn=William McVey, email=bill@sktc.net,O=southern kansas tell,I=Clearwater KS 67026-0800, Dete:5/20/2017   |                               |   | Date: 5/20/2017                          |  |  |
| Printed name of Authorized Office   | er:   | William McVey  |                               |   |  |  |  |
| Title or position of Authorized Off   | icer:   | Chief Financial  | Officer                       |   |  |  |  |
| Telephone number of authorized  | officer:  | 620-584-8337   |                               |   |  |  |  |
| Study Area Code of Reporting Ca   | arrier 411833   | A CONTRACTOR OF THE PARTY OF TH | Due Date for this mm/dd/yyyy) | 6/16/2017   |  |  |  |
|   | making false statements on th<br>S.C. §§ 502, 503(b), or fine or  |  |                               | der the Communications Act o<br>s Code, 18 U.S.C. § 1001. | f 1934,                                  |  |  |

#### 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:

SOUTHERN KANSAS TEL

William McVey

Signature of Authorized Officer or employee:

Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,I=Clearwater KS 67026-0800, Date:5/20/2017

Date: 5/20/2017

Printed name of Authorized Officer or employee:

William McVey

Title or position of Authorized Officer or employee:

Chief Financial Officer

Telephone number of Authorized Officer or employee:

620-584-8337

Study Area Code of Reporting Carrier

411833

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

6/16/2017

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

| Certifica  | tion of Officer for Rate | of-Return Carrier Not Seeking D            | uplicative Recovery  |          |
|--|--------------------------|--|--|----------|
| I certify that I am an officer of the reporting conductive recovery in the state jurisdiction to |                          |  |  |          |
| Name of Reporting Carrier: SOUT  | HERN KANSAS TEL          |  | E. M.V. DN. MEE  |          |
| Signature of Authorized Officer or employee  | William McVe             | y McVey,email=bill@sk                      | Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,0=southern kansas tel,I=Cleanwater KS 67026-0800, Date:5/20/2017 |          |
| Printed name of Authorized Officer or emple  | byee: Willia             | am McVey                                   |  |          |
| Title or position of Authorized Officer or em  | oloyee: Ch               | ief Financial Officer                      |  |          |
| Telephone number of Authorized Officer or  | employee: 620            | )-584-8337                                 |  |          |
| Study Area Code of Reporting Carrier   | 411833                   | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2017  |          |
|  |                          | can be punished by fine or forfeitur       |  | of 1934, |