

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

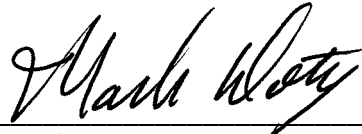
In the Matter of an Investigation to Determine )  
The Annual Assessment Rate for the )  
Twenty-Eighth Year of the Kansas Universal ) Docket No. 24-GIMT-229-GIT  
Fund, Effective March 1, 2024. )

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

COMES NOW Totah Communications, Inc. and as required by the FCC, submits  
the accompanying information.

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

Respectfully submitted,



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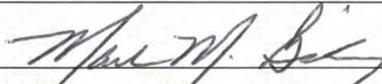
Mark Doty #14526  
GLEASON & DOTY, CHARTERED  
P.O. Box 490  
Ottawa, KS 66067  
(785) 242-3775  
Attorney for Totah Communications, Inc.

**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 **Total Communications, Inc.**

Signature of Authorized Officer



Date

5-13-2024

Printed name of Authorized Officer

MARK M. GAILEY

Title or position of Authorized Officer

PRESIDENT & CEO

Telephone number or Authorized Officer.

(918) 535 2208 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

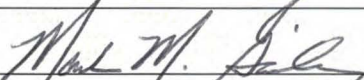
Filing Due Date for this form  
(mm/dd/yyyy)

**06/17/2024**

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.

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

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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		John Staurulakis, Inc. (JSI)	
Name of Reporting Carrier		<b>Totah Communications, Inc.</b>	
Signature of Authorized Officer		Date	
		5-13-2024	
Printed name of Authorized Officer		MARK M. GALLEY	
Title or position of Authorized Officer		PRESIDENT & CEO	
Telephone number of Authorized Officer. (918) 535 2208 ext. _____			
Study Area Code of Reporting Carrier	432030-OK 412030-KS	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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**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 **Total Communications, Inc.**

Signature of Authorized Officer

*Mark M. Bailey*

Date

*5-13-2024*

Printed name of Authorized Officer

*MARK M. BAILEY*

Title or position of Authorized Officer

*PRESIDENT & CEO*

Telephone number or Authorized Officer.

*(918) 535 2208* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

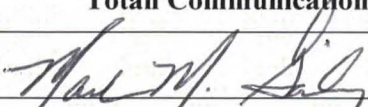
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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		<b>Totah Communications, Inc.</b>	
Signature of Authorized Officer		Date	<u>5/13/2024</u>
Printed name of Authorized Officer	<u>MARK M. BAILEY</u>		
Title or position of Authorized Officer	<u>RESIDENT &amp; CEO</u>		
Telephone number of Authorized Officer.	<u>(918) 535 2208</u> ext. _____		
Study Area Code of Reporting Carrier	<b>432030-OK</b> <b>412030-KS</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>
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