

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

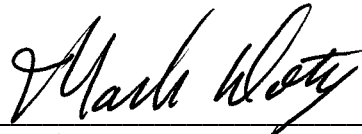
In the Matter of the CAF/ICC Certification       )  
Filing Compliance as Required under the       )       Docket No. 25-GIMT-310-CPL  
FCC's regulations-47 C.F.R. 51.917(d)(1)(vii)    )

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

COMES NOW 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                      **Totah Communications, Inc.**

Signature of Authorized Officer

*Carolyn Campbell*

Date

*05-30-2025*

Printed name of Authorized Officer

Carolyn Campbell

Title or position of Authorized Officer

Controller

Telephone number of Authorized Officer.

(918) 535-2208

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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

06/16/2025

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 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                      **Totah Communications, Inc.**

Signature of Authorized Officer

*Carolyn Campbell*

Date

05-30-2025

Printed name of Authorized Officer

Carolyn Campbell

Title or position of Authorized Officer

Controller

Telephone number of Authorized Officer.

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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		<b>Totah Communications, Inc.</b>	
Signature of Authorized Officer		<i>Carolyn Campbell</i>	Date <b>05-30-2025</b>
Printed name of Authorized Officer		Carolyn Campbell	
Title or position of Authorized Officer		Controller	
Telephone number or Authorized Officer.		(918) 535-2208	
Study Area Code of Reporting Carrier	<b>432030-OK</b> <b>412030-KS</b>	Filing Due: Date for this form (mm/dd/yyyy)	<b>06/16/2025</b>
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**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                      **Totah Communications, Inc.**

Signature of Authorized Officer

*Carolyn Campbell*

Date

*05-30-2025*

Printed name of Authorized Officer                      Carolyn Campbell

Title or position of Authorized Officer                      Controller

Telephone number of Authorized Officer.                      (918) 535-2208

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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