

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 Zenda Telephone Company, Inc. and as required by the FCC,
submits the accompanying information.

Zenda 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 Zenda Telephone Company, Inc.

**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)
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Name of Reporting Carrier	Zenda Telephone Company, Inc.
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Signature of Authorized Officer	<i>John R Ludenia</i>	Date 5/28/2025
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Printed name of Authorized Officer	John R Ludenia
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Title or position of Authorized Officer	Vice President
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Telephone number or Authorized Officer.	(304) 983-8642 ext. _ _ _ _
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Study Area Code of Reporting Carrier	411852		Filing Due Date for this form (mm/dd/yyyy)	06/16/2025	
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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 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 **Zenda Telephone Company, Inc.**

Signature of Authorized Officer *John R Ludenia*

Date 5/28/2025

Printed name of Authorized Officer John R Ludenia

Title or position of Authorized Officer Vice President

Telephone number or Authorized Officer. (304) 983-8642 ext. _ _ _ _

Study Area Code of Reporting Carrier

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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 **Zenda Telephone Company, Inc.**

Signature of Authorized Officer *John R Ludenia*

Date 5/28/2025

Printed name of Authorized Officer John R Ludenia

Title or position of Authorized Officer Vice President

Telephone number or Authorized
Officer. (304) 983-8642 ext. _ _ _ _

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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 **Zenda Telephone Company, Inc.**

Signature of Authorized Officer *John R Ludenia*

Date 5/28/2025

Printed name of Authorized Officer John R Ludenia

Title or position of Authorized Officer Vice President

Telephone number or Authorized Officer. (304) 983-8642 ext. _ _ _ _

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