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 Cunningham Telephone Co., Inc. and as required by the FCC, submits the accompanying information.

Cunningham Telephone Co., 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 Cunningham Telephone Co., Inc.

TO BE COMPLETED BY THE REPORTING CARRIER.

mmunications Act of 1934, 47 U.S.C. U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ts on this form can be pu fine or imprisonment un	ns willfully making false statemen §§ 502, 503(b), or	Perso
6/17/2024	Filing Due Date for this form (mm/dd/yyyy)	411761	Study Area Code of Reporting Carrier	Study Area Code o
		785-545-3215	Telephone number of Authorized Officer:	Telephone number
		General Manager		Title or position of Authorized Officer:
		Brent Cunningham		Printed name of Authorized Officer.
iningham DN:cn=Brent toffber.net,0=cunningham er KS 67446-0108, Date: 5/22/2024	Digitally signed by Brent Cunningham DN:cn=Brent Cunningham, email=brent@ctcfiber.net,O=cunningham telephone co. inc.,I=Glen Elder KS 67446-0108, Date:5/22/2024	Brent Cunningham		Signature of Authorized Officer:
	SO. INC.	CUNNINGHAM TELEPHONE CO. INC		Name of Reporting Carrier:
ata reported; and, to the	l 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.	ny responsibilities inclu his form is accurate.	I certify that I am an officer of the reporting carrier; my responsibilities in best of my knowledge, the information reported on this form is accurate.	I certify that I am a best of my knowle
orted	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	tion of Officer as to th	Certifica	

U.S.C.	ommunications Act of 1934, 47 U.S.C 3 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	m can be pu sonment unc	tements on this for b), or fine or impri	Persons willfully making false sta §§ 502, 503(
	6/17/2024	Filing Due Date for this form (mm/dd/yyyy)		411761	Study Area Code of Reporting Carrier	Study Area
		-3215	785-545-3215		Telephone number of authorized officer:	Telephone
		General Manager	Genera		Title or position of Authorized Officer:	Title or pos
		Brent Cunningham	Brent Cui		Printed name of Authorized Officer:	Printed nar
Date: 5/22/2024	gham DN:cn=Brent ber.net,O=cunningham (S 67446-0108,	Digitally signed by Brent Cunningham DN:cn=Brent Cunningham, email=brent@ctcfiber.net, O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/22/2024		Brent Cunningham	Brent Signature of Authorized Officer:	Signature o
		O. INC.	PHONE C	CUNNINGHAM TELEPHONE CO. INC	Name of Reporting Carrier: CUNN	Name of R
		ociation, Inc.	arriers Ass	National Exchange Carriers Association, Inc.	Name of Authorized Agent : Nation	Name of Aı
)f	f Reporting Carrier formation reported on behalf of the accuracy of the data it is accurate.	Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier Certify that (Name of Agent) National Exchange Carriers Association, Inc. 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.	ize an Ager arriers Ass rting carrier; dge, the actu	Officer to Author al Exchange Conflicer of the reposest of my knwole	Certification of lectify that (Name of Agent) Nation the reporting carrier. I also certify that I am an provided to the Authorized Agent; and, to the	I certify th the reporti provided t

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

1934, 47 U.S.C.		ng false statements on this form can be punished by fine or forfeiture under the Communications §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	m can be punish sonment under Ti	ments on this for), or fine or impri	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	6/17/2024	Filing Due Date for this form (mm/dd/yyyy)	G TI	411761	Study Area Code of Reporting Carrier
		15	785-545-3215	nployee:	Telephone number of Authorized Officer or employee
		anager	General Manager	yee:	Title or position of Authorized Officer or employee
		gham	Brent Cunningham	9.	Printed name of Authorized Officer or employee:
Date: 5/22/2024	gham DN:cn=Brent ber.net.C=cunningham KS 67446-0108,	Digitally signed by Brent Cunningham DN:on=Brent Cunningham, email=brent@ctcfiber.net, O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/22/2024	Brent Cunningham	Brent (Signature of Authorized Officer or employee:
		NC.	CUNNINGHAM TELEPHONE CO. INC	NGHAM TELE	Name of Reporting Carrier: CUNNIN
	is form certifies that it e CAF ICC support	wledge, the reporting carrier on thi .917(e) and is eligible to receive th	e best of my kno overy Charge §51	ier and that, to th	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).
	C Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	or Rate-of-Retui	ion of Officer fo	Certificat

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