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 Southern Kansas Tel. Co., Inc. and as required by the FCC, submits the accompanying information.

Southern Kansas Tel. 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 Southern Kansas Tel. Co., Inc.

TO BE COMPLETED BY THE REPORTING CARRIER,

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 Southern	Kansas Telephone	Company					
Signature of Authorized Officer	Scott Leitzel			Date	6/11/2024		
Printed name of Authorized Officer Scot							
	of Operations						
Telephone number of Authorized Officer:	(785) 427-2211, ext	t					
Study Area Code of Reporting Carrier	411833	Filing Due Date for this form (mm/dd/yyyy)	June 17,2024				
Persons willfully making false statemen		thed by fine or forfeiture under the Communi Title 18 of the United States Code, 18 U.S.		47 U.S.C.	§§ 502, 503(b), or fine or		

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

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier							
I certify that (Name of Agent)TCA, Inc is authorized to submit the 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 TCA	, Inc.						
Name of Reporting Carrier Southe Ppr Kansas: Telephone Company							
Signature of Authorized Officer Suft Luitau						_{Date} 6/11/2024	
Printed name of Authorized Officer Scott Left 2614AE							
Title or position of Authorized Officer VP of Operations							
Telephone number of Authorized Officer: (785), 427-2211, ext.							
Study Area Code of Reporting Carrie		411833		Filing Due Date for this form (mm/dd/yyyy)	June 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.							

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 Telepho	ne Com	pany			
	Leitzel			Date	6/11/2024	
Printed name of authorized officer Scott AreitzelAE						
Title or position of authorized officer VP	of Operations					
Telephone number of authorized officer: (785) 427-2211						
Study Area Code of Reporting Carrier	411833		Filing Due Date for this form (mm/dd/yyyy)	June 17,2024		

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, this 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} Southerp (க்ஷாக்ஷ்) Telephone Company						
Signature of authorized officer	Scott Litzel			Date	6/11/2024	
Printed name of authorized officer SCHIPE1AETILES14AE						
Title or position of authorized officer VP of Operations						
Telephone number of authorized officer: (785) 427-2211						
Study Area Code of Reporting Carrie	41183	3	Filing Due Date for this form (mm/dd/yyyy)	June 17,2024		

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