

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 Wamego Telecommunications Company, Inc. and as required by
the FCC, submits the accompanying information.

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

Respectfully submitted,

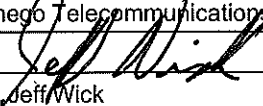


Mark Doty #14526
GLEASON & DOTY, CHARTERED
P.O. Box 490
Ottawa, KS 66067
(785) 242-3775
Attorney for Wamego Telecommunications
Company, Inc.

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) Moss Adams LLP 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 Agent <u>Moss Adams LLP</u>			
Name of Reporting Carrier <u>Wamego Telecommunications Company, Inc.</u>			
Signature of Authorized Officer 			Date <u>06/03/2024</u>
Printed name of Authorized Officer <u>Jeff Wick</u>			
Title or position of Authorized Officer <u>President/CEO</u>			
Telephone number of Authorized Officer: <u>(785) 456-1000</u> ext. _____			
Study Area Code of Reporting Carrier	<u>411845</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/17/2024</u>
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 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				Wamego Telecommunications Company, Inc.	
Signature of authorized officer			Date		06/03/2024
Printed name of authorized officer			Jeff Wick		
Title or position of authorized officer			President/CEO		
Telephone number of authorized officer:			(785) 456-1000 ext.		
Study Area Code of Reporting Carrier		411845	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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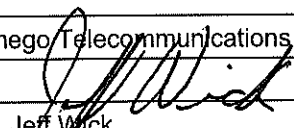
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Warego Telecommunications Company, Inc.

Signature of authorized officer



Date

06/03/2024

Printed name of authorized officer

Jeff Wick

Title or position of authorized officer

President/CEO

Telephone number of authorized officer:

(785) 456-1000

Study Area Code of Reporting Carrier

411845

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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 **Wamego Telecommunications Company, Inc.**

Signature of Authorized Officer

Date **06/03/2024**

Printed name of Authorized Officer **Jeff Wick**

Title or position of Authorized Officer **President/CEO**

Telephone number of Authorized Officer: **(785) 456-1000**, ext.

Study Area Code of Reporting Carrier

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