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May 25, 2017

Lynn M. Retz, Secretary  
Kansas Corporation Commission  
1500 SW Arrowhead Rd  
Topeka, KS 66604

RE: 2017 CAF/ICC Data Collection and associated certifications  
S&T Telephone Cooperative Association, Inc.  
Docket No. 17-GIMT-426-GIT

Dear Ms. Retz:

Attached for filing please find S&T Telephone Cooperative Association, Inc.'s 2017 CAF/ICC Data Collection and associated certificates, as required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the "2017 CAF/ICC Data Collection" pages have been marked as confidential; the company believes that the information is of such competitive sensitivity that its disclosure to any person other than the company, the Commission, and Staff, is prohibited by K.S.A. 66-1220a. Additionally, we reserve the right to amend the filing as necessary up to and including June 16, 2017, which is the date NECA will file the information with the FCC.

If you have any questions, please don't hesitate to let me know.

Cordially yours,



Colleen R. Jamison

cc: Christina Hickert

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: **S & T TEL COOP ASSN**

**Christina Hickert**

Digitally signed by Christina Hickert DN:cn=Christina  
Hickert,email=christina.hickert@sttelcom.com,O=s & t tel  
coop assn,l=Brewster KS 67732, Date:5/25/2017

Date: **5/25/2017**

Signature of Authorized Officer:

Printed name of Authorized Officer: **Christina Hickert**

Title or position of Authorized Officer: **CFO**

Telephone number of Authorized Officer: **256-694-2256**

Study Area Code of Reporting Carrier

**411827**

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

**6/16/2017**

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 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) National Exchange Carriers Association, 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 is accurate.

Name of Authorized Agent : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: S & T TEL COOP ASSN

Signature of Authorized Officer: Christina Hickert

Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s & t tel coop assn,l=Brewster KS 67732, Date:5/25/2017

Date: 5/25/2017

Printed name of Authorized Officer: Christina Hickert

Title or position of Authorized Officer: CFO

Telephone number of authorized officer: 256-694-2256

Study Area Code of Reporting Carrier

411827

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6/16/2017

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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: **S & T TEL COOP ASSN**

**Christina Hickert**

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Signature of Authorized Officer or employee:

Date: **5/25/2017**

Printed name of Authorized Officer or employee: **Christina Hickert**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **256-694-2256**

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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, 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: **S & T TEL COOP ASSN**

**Christina Hickert**

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Signature of Authorized Officer or employee:

Date: **5/25/2017**

Printed name of Authorized Officer or employee: **Christina Hickert**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **256-694-2256**

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