

COLLEEN R. JAMISON  
JAMISON LAW, LLC

May 22, 2019

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

RE: 2019 CAF/ICC Data Collection and  
Associated certifications  
Docket No. 19-GIMT-423-GIT  
Haviland Telephone Company, Inc.

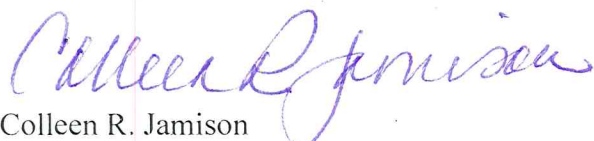
Dear Ms. Retz:

Attached for filing please find Haviland Telephone Company, Inc.'s 2019 CAF/ICC Data Collection and associated certifications, as required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2019 CAF/ICC Data Collection pages has 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 17, 2019, which is the date NECA will file the information with the FCC.

If you have any questions, please let me know.

Cordially yours,



Colleen R. Jamison  
JAMISON LAW, LLC

Encl.

cc: Lori Larsh

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: **HAVILAND TELEPHONE COMPANY INC.**

Signature of Authorized Officer: **Mark Wade**

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2019

Date: **5/17/2019**

Printed name of Authorized Officer: **Mark Wade**

Title or position of Authorized Officer: **VP of Operations**

Telephone number of Authorized Officer: **620-862-5211**

Study Area Code of Reporting Carrier

**411780**

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

**6/17/2019**

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: HAVILAND TELEPHONE COMPANY INC.

Signature of Authorized Officer: Mark Wade

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2019

Date: 5/17/2019

Printed name of Authorized Officer: Mark Wade

Title or position of Authorized Officer: VP of Operations

Telephone number of authorized officer: 620-862-5211

Study Area Code of Reporting Carrier

411780

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

6/17/2019

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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: **HAVILAND TELEPHONE COMPANY INC.**

<b>Mark Wade</b>	Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=Haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2019	Date: <b>5/17/2019</b>
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Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier	<b>411780</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
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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: **HAVILAND TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee:	<b>Mark Wade</b> <small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2019</small>	Date: <b>5/17/2019</b>
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Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier	<b>411780</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>	
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