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June 27, 2017

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

RE: Docket 17-GIMT-405-GIT
Section 254(e) certifications

Dear Ms. Retz:

On behalf of Haviland Telephone Company, attached please find for filing in Docket No. 17-GIMT-405-GIT the 254(e) certifications required by the Commission to be filed in this docket by July 3, 2017.

Some information in this filing 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. The Commission has not issued a protective order in this docket. As always, if you have any questions, please do not hesitate to contact me.

Cordially yours,



Colleen R. Jamison

cc: Lori Larsh

Encl.

THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

Before Commissioners: Chairman Pat Apple
Commissioner Shari Feist Albrecht
Commissioner Jay Scott Emler

In the Matter of Certification of Compliance)
with Section 254(e) of the Federal)
Telecommunications Act of 1996 and) Docket No. 17-GIMT-405-GIT
Certification of Appropriate Use of Kansas)
Universal Service Fund Support.)

SECTION 254(e) CERTIFICATION
FEDERAL HIGH-COST UNIVERSAL SERVICE SUPPORT
FCC Docket Reference: CC Docket No. 96-45
and KANSAS UNIVERSAL SERVICE FUND SUPPORT
(Please type or print legibly)
(Circle all appropriate support received)

1. My title is Vice President of Operations of Haviland Telephone Company, Inc. In this capacity, I am in a position of authority to direct how federal high-cost Universal Service Fund (USF), Connect America Fund (CAF) support, and/or Kansas Universal Service Fund (KUSF) support received will be used and by this certification I am binding Haviland Telephone Company, Inc. to the statements made in this certification.

2. Haviland Telephone Company, Inc. was named as an eligible telecommunications carrier by the Kansas Corporation Commission (KCC) for federal support purposes in Docket No. _98-GMIT-241-GIT by order dated December 5, 1997 and KUSF support purposes in Docket No. 98-GMIT-241-GIT by order dated December 5, 1997.

3. By this affidavit, I certify that the USF, CAF and/or KUSF received by Haviland Telephone Company, Inc. was used in the proceeding calendar year **2016** and will be used in the new calendar year **2018** *only* for the provision, maintenance, and upgrading of facilities and services for which the support is intended, consistent with Section 254(e) of the Telecommunications Act, and/or Kansas statutes and KCC Requirements.

Attachment 1

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

(Pursuant to Kan. Stat. Ann. 53-601.)



Signature

Mark A. Wade

Printed/Typed Name

Executed on 06/27/2017 date.

Email address: mark@havalandtelco.com

Annual ETC Certification of Requirements Imposed by the
Commission in Docket Number 06-GIMT-446-GIT

1. All ETCs must provide detailed information on any outage in the prior calendar year, as that term is defined in 47 CFR 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect: (i) at least 10% of the end users served in a designated service area; or (ii) a 911 specialty facility as defined in 47 CFR 4.5(e). **(Please complete if information is not reported on Form 481.)**

Date and time of Onset of the Outage	Description of the Outage and its Resolution	Particular services affected	Geographic Areas Affected	Steps Taken to Prevent a Similar Situation in the Future	Number of Customers Affected
Form 481					

(If necessary, please provide additional pages.)

2. Please provide the number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. If applicable, please explain how you attempted to provide service to those potential customers. **(Please complete if information is not reported on Form 481.)**

Form 481 _____

3. Please provide the number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year. **(Please complete if information is not reported on Form 481.)**

Form 481 _____

4. A wireline ETC must certify that it is in compliance with the Commission's quality of service standards and a wireless ETC must certify that it is in compliance with the CTIA Code. **Please complete the following, as applicable to your company:**

QUALITY OF SERVICE WIRELINE ANNUAL CERTIFICATION


KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is Vice President of Operations of the Haviland Telephone Company, Inc. In this capacity, I am in a position of authority to certify whether the Company/ Cooperative is complying with required quality of service standards. I am binding Haviland Telephone Company, Inc. to the statements made in this certification.

2. By this affidavit, I certify that Haviland Telephone Company, Inc. is in compliance with the Commission's quality of service standards as adopted in Docket No. 191,206-U.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on 06/27/2017 (date).



Signature

Mark A. Wade _____

Printed/Typed Name

QUALITY OF SERVICE WIRELESS ANNUAL CERTIFICATION

KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is _____ of the _____
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative is complying with required quality of service standards. I am binding _____ (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that _____ (Company/ Cooperative) is in compliance with the CTIA Code.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on _____ (date).

Signature

Print / Typed Name

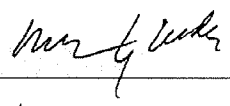
5. An ETC must certify that it will be able to function in an emergency as set forth in 47 CFR § 54.202(a)(2). **All ETCs must complete the following:**

ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION
KCC Docket Reference: 06-GIMT-446-GIT
(Please type or print legibly)

1. My title is Vice President of Operations of the Haviland Telephone Company, Inc. In this capacity, I am in a position of authority to certify whether the Company/ Cooperative is able to function in an emergency. I am binding Haviland Telephone Company, Inc. to the statements made in this certification.

2. By this affidavit, I certify that Haviland Telephone Company, Inc. is capable of functioning in an emergency.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on 06/27/2017 (date).


Signature

Mark A. Wade

Printed / Typed Name

6. 47 U.S.C. § 214(e)(1)(B) requires an ETC to advertise its services throughout the service area for which it has been designated "using media of general distribution." **All ETCs must complete the following:**

Name of Media	Type of Media	Geographic Areas Reached	Dates Published
Conway Springs Star/ The Argonia Argosy	Newspaper	Conway Springs, Riverdale, Argonia	Month 11
Kiowa County Signal	Newspaper	Kiowa County (Haviland, Mullinville)	Month 12
Merchant Directory	Newspaper	Kiowa County, Wilmore	Month 11
Norwich News	Newspaper	Norwich	Month 11
Pratt Tribune	Newspaper	Cullison, Coats, Sawyer, Isabel, Nashville	Month 12

(If necessary, please attach additional pages.)

7. A competitive ETC must certify that it offers a local usage plan comparable to that of the incumbent. Please provide a description of the local usage plan(s) that is comparable to that of the incumbent and complete the certification.

COMPARABLE LOCAL USAGE PLAN ANNUAL CERTIFICATION

KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is _____ of the _____
(Company/ Cooperative). In this capacity, I am in a position of authority to certify whether the Company/ Cooperative offers a local usage plan comparable to that of the incumbent. I am binding _____ (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that _____ (Company/ Cooperative) offers a local usage plan comparable to that of the incumbent.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. (Pursuant to Kan. Stat. Ann. 53-601.) Executed on _____ (date).

Signature

Printed/Typed Name