

**Docket No. 23-GIMT-644-GIT**  
**Attachment 1**

**THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS**

Before Commissioners: Susan K. Duffy, Chair  
Dwight D. Keen, Commissioner  
Andrew J. French, Commissioner

In the Matter of Certification of Compliance )  
with Section 254(e) of the Federal )  
Telecommunications Act of 1996 and ) Docket No. 23-GIMT-644-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 Federal and Kansas Support Received)**

1. My title is General Manager of  
Cellular Network Partnership (Company/Cooperative). In this capacity, I am in a position  
of authority to direct how federal high-cost Universal Service Fund (USF), including Legacy or Frozen high-  
cost Loop support (HCL/FHCS), Safety Valve support (SVS), Connect America Cost Model (CACM)  
support, Connect America Fund (CAF I/CAF II) support, Alternative Connect America Cost Model (A-  
CAM/ACAM II) support, Rural Broadband Experiment support (RBE), Rural Digital Opportunity Fund  
(RDOF) support, and/or Kansas Universal Service Fund (KUSF) support received will be used and by this  
certification I am binding Cellular Network Partnership (Company/Cooperative) to the statements  
made in this certification.

2. Cellular Network Partnership (Company/Cooperative) was named as  
an Eligible Telecommunications Carrier (ETC) by the Kansas Corporation Commission (KCC) for federal  
support purposes in Docket No. 06-CNPZ-1028-ETC Tele-Cell by order dated  
November 21, 2006 and KUSF support purposes in Docket No. N/A by order  
dated N/A.

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3. By this affidavit, I certify that all federal high-cost USF, including HCL, FHCS, SVS, CAF I/CAF II, A-CAM/ACAM II, RBE, RDOF, and/or KUSF received by Cellular Network Partnership (Company/Cooperative) was used in the proceeding calendar year 2022 and will be used in the new calendar year 2024 only for the provision, maintenance, and upgrading of facilities and services for which the support is intended, consistent with Section 254(e) of the Federal Telecommunications Act, and/or Kansas statutes and KCC requirements.

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

Blake Callaham

Printed/Typed Name

Executed on 6/1/23 date.

Email address: bacallaham@ptci.com

Company Name : Cellular Network Partnership dba Pioneer Cellular

All CETCs must complete this form to receive certification for its use of FUSF support, pursuant to 47 C.F.R. § 54.314 and KCC Requirements. Please attach additional pages, if necessary. If you have any questions, please email the KCC Staff at b.seamans@kcc.ks.gov and h.bhagat@kcc.ks.gov.

Data Year	2022
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	AMOUNT FOR KANSAS  A	ALLOCATION PERCENT  B	FUSF CODE (see Notes)  C	AMOUNT FOR FUSF AREAS (INCLUDE SWBT/AT&T Area if support is received for the area) D=AxB
FUSF WORKING LOOPS/LINES				
NEW INVESTMENTS:				
1. SWITCHING				
2. OUTSIDE PLANT (LOCAL LOOPS, CELL SITES)(1)				
SUBTOTAL NEW INVESTMENTS				
EXPENSES:				
3. SWITCH MAINTENANCE				
4. OUTSIDE PLANT MAINTENANCE				
5. NETWORK SUPPORT				
6. ADMINISTRATIVE EXPENSE				
SUBTOTAL EXPENSES				
A. TOTAL CASH EXPENDITURES ASSD WITH USF				
B. CERTIFIED FUSF RECEIPTS FOR CETCS				
B1. Frozen High Cost Support				
B2. Mobility Fund Support				
B3. Rural Broadband Experiments Fund				
B4. CAF II Support				
B5. Rural Digital Opportunity Fund				
B5. Total Certified Federal USF Receipts				
C. DO EXPENDITURES EXCEED FUSF RECEIPTS? (negative number means FUSF exceeds Expenditures)		Yes		

Notes:

- 1) Exclude the cost of transport between switches (dial-tone and/or tandem).
- 2) Allocation Codes (describe how the costs are allocated): *[the following are examples only, not a complete list.]*
  - a. Based on number of switched MOUs from USF supported cell sites.
  - b. Based on actual expenditures at USF cell sites. An allocation of USF area to total served area is applied at each cell site.  
(i.e. 200,000 investment at Cell Site A, which serves 80% USF supported area, results in 160,000 of USF dollars.)
  - c. Based on percent of USF served areas to all areas.

Contact Name: Nick Kretchamar

Title: Division Manager

Phone No.: 405-375-0180

E-Mail: nekretchmar@ptci.com

REDACTED

**Narrative Report for New Investments**ETC Certification for Use of USF Support  
Provided to the Kansas Corporation CommissionCompany Name: Cellular Network Partnership dba Pioneer CellularData Year: 2022

Town or Exchange	Description of Improvement	Cash Investment	Allocation %	Notes	Amount Used in the USF Supported Areas
A	B	C	D	E	F= C x D
Subtotal		\$			\$
Total		\$			\$

NOTES:

This total amount should match the New Investment Subtotal on the USF Certification Form - Attachment 2a LINES (245 & 255).

Contact: Nick KretchamarPhone No.: 405-375-0180Title: Division ManagerE-Mail: nekretchmar@ptci.com

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

1. Did your company experience any outage in the prior calendar year, as that term is defined in 47 C.F.R. § 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 C.F.R. § 4.5(e)?

**(Yes/No) No . IF YES, PLEASE COMPLETE THE FOLLOWING:**

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

(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 your company attempted to provide service to those potential customers.

There were no unfilled requests for service in 2022.

3. Please provide the number of complaints per 1,000 connections (fixed or mobile) in the prior calendar year.

There were no complaints filed in 2022.

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 \_\_\_\_\_ 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 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 \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 General Manager of the Cellular Network Partnership (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 Cellular Network Partnership (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Cellular Network Partnership (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 6/1/23 (date).

  
Signature

Blake Callaham

Print / Typed Name



5. Each ETC must certify that it will be able to function in an emergency as set forth in 47 C.F.R § 54.202(a)(2).

**ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION**

**KCC Docket Reference: 06-GIMT-446-GIT**

(Please type or print legibly)

1. My title is General Manager of the Cellular Network Partnership (Company/ Cooperative). 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 Cellular Network Partnership (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Cellular Network Partnership (Company/ Cooperative) 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 6/1/23 (date).



Signature

Blake Callaham

Printed / Typed Name

6. 47 U.S.C. § 214(e)(1)(B) requires every ETC to advertise its services (including Lifeline services) throughout the service area for which it has been designated “using media of general distribution.” **Please complete the following:**

Name of Media	Type of Media	Geographic Areas Reached	Dates Published
Anthony Republican	Newspaper	Southern Kansas	March 2022
Attica Independent	Newspaper	Southern Kansas	March 2022
Caldwell Messenger	Newspaper	Southern Kansas	March 2022
Harper Advocate	Newspaper	Southern Kansas	March 2022
Gyp Hill Premiere	Newspaper	Southern Kansas	March 2022
www.gopioneer.com	Website	Southern Kansas	Daily

(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 LEC. Please provide a description of the local usage plan(s) that is comparable to that of the incumbent LEC and complete the certification.

Basic Plan \$30 per month

Nationwide Coverage

Unlimited Talk

Unlimited Texts

**COMPARABLE LOCAL USAGE PLAN ANNUAL CERTIFICATION**

**KCC Docket Reference: 06-GIMT-446-GIT**

(Please type or print legibly)

1. My title is General Manager of the Cellular Network Partnership (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 Cellular Network Partnership (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that Cellular Network Partnership (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 6/1/23 (date).



Signature

Blake Callaham

Printed/Typed Name