# COLLEEN R. JAMISON

JAMISON LAW, LLC

June 12, 2025

Celeste Chaney-Tucker, Executive Director Kansas Corporation Commission 1500 SW Arrowhead Rd. Topeka, KS 66604

RE: 2025 CAF/ICC Data Collection and Associated Certifications

Docket No. 25-GIMT-310-CPL

S&T Telephone Cooperative Association, Inc.

Dear Ms. Chaney-Tucker:

Attached for filing please find S&T Telephone Cooperative Association, Inc.'s 2025 CAF/ICC Data Collection and Associated certificates, required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2025 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 16, 2025, which is the date NECA will file the information with the FCC.

If you have any questions, please let me know.

Sincerely,

Colleen R. Jamison

Colleen R. Jamison JAMISON LAW, LLC

Att.

cc: Christina Hickert

Hannah Hart Tina Cohan

### 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 knowledge, the information reported on this form is accurate.	include ensuring the accuracy of t	he actual data reporte	ed; and, to the best of my			
Name of Reporting Carrier						
Signature of Authorized Officer	>		Date			
Printed name of Authorized Officer						
Title or position of Authorized Officer						
Telephone number of Authorized Officer: (), ext						
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	June 16,2025				
Persons willfully making false statements on this form can be punished by imprisonment under Title 18	fine or forfeiture under the Communi 3 of the United States Code, 18 U.S.		7 U.S.C. §§ 502, 503(b), or fine or			

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:Á

I certify that (Name of Agent)	TCA, Inc	ÁÁ	s authorized to subm	it the information re	ported on behalf of the report	ing carrier.
I also certify that I am an officer of best of my knowledge, the actual d		responsibilities include	e ensuring the accura			
, ,	•	Ū				
Þæ{^Á[-ÁŒc@¦ã^åÁ TCA	, Inc.					
Þæ{^Á[-ÁÜ^][¦dā]*ÁÔæ¦lãN¦Á						
Ùāt}æcč¦∧Á[-ÁŒcœQ¦ã∧åÁU~æ&∧¦Á	Mes M				Öær^Á	
Ú¦ājo^åÁ)æ{^Á[-ÁŒo@ ¦ã^åÁU~a&^\Á						
Vãa¦^Á[¦Á][•ããa[}Á[-ÁCEc@[¦ã^åÁU~ã&^¦/	À					
V^ ^]@}^Á}~{ à^¦Á;~ÁŒc@¦ã^åÁU~ã	Bo^¦hÁÁÁ CÁ Á Á Á Á ÁDÁ Á Á ÁÉÁ Á Á	Đến ¢ d <b>h</b> ất Á Á Á Á Á				
			ÁÖæe^Á[¦Ác@áÁ[¦{Á			

### 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).

Þæ(^Á(-ÁÜ^)][¦œ]*ÁÔæi¦æ\;						
Ùā}æč¦^Á;-Áečœ@¦ā^àÁ;-æk^¦Á //	>	Öær^				
Úlajová Ájæ (^Áj-Ánečo@ lā^áAj-Æn\Á						
Vãq^Á;¦Á;[•ããã;)Á,√àečc@¦ã ^åÁ;~ã&^¦Á						
V^ ^] @}^Á;~{à^!Á;~Áečo@¦ā^åÁ;~æ^!K\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
Ùc" à^ ÁŒ!^æÁÔ[ ả^Á; -ÁÜ^] [¦cā; *ÁÔæ; lã°;	Øqaj*ÁÖ`^ÁÖææ^Áq¦Ás@æÁq¦{Á Q:{BàåĐ^^^D	June 16,2025				
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 Signature of authorized officer Title or position of authorized officer Telephone number of authorized officer: ( ) - , ext. Filing Due Date for this form (mm/dd/yyyy) June 16,2025

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.