BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

In the Matter of an Investigation to Determine)	
The Annual Assessment Rate for the)	
Twenty-Eighth Year of the Kansas Universal) Docket No.	24-GIMT-229-GIT
Fund, Effective March 1, 2024.)	

SUBMISSION OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

COMES NOW H & B Communications, Inc. and as required by the FCC, submits the accompanying information.

H & B Communications, Inc. submits its company-specific information under seal as confidential and proprietary as set forth in the letter filed herewith.

Respectfully submitted,

Mark Doty #14526

GLEASON & DOTY, CHARTERED

P.O. Box 490

Ottawa, KS 66067

(785) 242-3775

Attorney for H & B Communications, Inc.

TO BE COMPLETED BY THE REPORTING CARRIER.

7 U.S.C.	ommunications Act of 1934, 4: 8 U.S.C. § 1001.	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.	ements on this form can be)), or fine or imprisonment ı	Persons willfully making false stat §§ 502, 503(
	6/17/2024	Filing Due Date for this form (mm/dd/yyyy)	411781	Study Area Code of Reporting Carrier
			785-252-4000	Telephone number of Authorized Officer:
		ral Manager	President and General Manager	Title or position of Authorized Officer:
			Brandon Koch	Printed name of Authorized Officer:
Date: 5/21/2024	Koch DN:cn=Brandon nm.net,O=h & b ate:5/21/2024	Digitally signed by Brandon Koch DN:on=Brandon Koch, email=brkoch@hbcomm.net, O=h & b communications inc.,l=, Date:5/21/2024	Brandon Koch	Bran Signature of Authorized Officer:
			H & B COMMUNICATIONS INC.	Name of Reporting Carrier: H & B
	lata reported; and, to the	lude ensuring the accuracy of the actual c	rier; my responsibilities inc d on this form is accurate.	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.
	ported	Certification of Officer as to the Accuracy of the CAF ICC Data Reported	tification of Officer as to	Cer

7 U.S.C.	ommunications Act of 1934, 47 U.S.C B U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	m can be pu sonment unc	ements on this for o), or fine or impri	Persons willfully making false stat §§ 502, 503(
	6/17/2024	Filing Due Date for this form (mm/dd/yyyy)		411781	Study Area Code of Reporting Carrier	Stu
		24000	785-252-4000		Telephone number of authorized officer:	Tele
		President and General Manager	Preside		Title or position of Authorized Officer:	Title
		Koch	Brandon Koch		Printed name of Authorized Officer:	Prin
Date: 5/21/2024	h DN:cn=Brandon et.O=h & b communications	Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h & b communications inc.,I= , Date:5/21/2024		Brandon Koch	Brand Signature of Authorized Officer:	Sigr
			IONS INC	H & B COMMUNICATIONS INC	Name of Reporting Carrier: H & B	Nan
		ociation, Inc.	arriers Ass	National Exchange Carriers Association, Inc.	Name of Authorized Agent : Nation:	Nan
of	f Reporting Carrier formation reported on behalf of securacy of the data this accurate.	Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier National Exchange Carriers Association, Inc. is authorized to submit the information reported on sertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data spent; and, to the best of my knwoledge, the actual data provided to the Authorized Agent is accurate.	ize an Ager arriers Ass rting carrier; dge, the actu	Officer to Author	Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier Certify that (Name of Agent) National Exchange Carriers Association, Inc. 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 knwoledge, the accural data provided to the Authorized Agent is accurate.	th pr

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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. § 8502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 411781 Filing Due Date for this form (mm/dd/yyyy) 6/17/2024	Telephone number of Authorized Officer or employee: 785-252-4000	Title or position of Authorized Officer or employee: President and General Manager	Printed name of Authorized Officer or employee: Brandon Koch	Brandon Koch Brandon Koch Signature of Authorized Officer or employee: Digitally signed by Brandon Koch Divice-Brandon Koch email=brkoch@hbcomm.net,O=h & b communications inc.,l= , Date:5/21/2024 Date: 5/21/	Name of Reporting Carrier: H & B COMMUNICATIONS INC.	l 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).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
.s.c.					ate: 5/21/2024			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER