BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

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In the Matter of the CAF/ICC Certification Filing Compliance as Required under the FCC″s regulations-47 C.F.R. 51.917(d)(1)(vii)

Docket No. 25-GIMT-310-CPL

SUBMISSION OF ICC CAF DATA COLLECTION AND CERTIFICATIONS

COMES NOW Southern Kansas Tel. Co., Inc. and as required by the FCC,

submits the accompanying information.

Southern Kansas Tel. Co., 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 Southern Kansas Tel. Co., Inc.

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

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l certify that (Name of Agent) I also certify that I am an officer of the best of my knowledge, the actual data p		Is authorized to submi onsibilities include ensuring the accura Agent are accurate.		•	
Name of Authorized TCA, Inc.					
Name of Reporting Carrier Southern	Kansas Telephone	Company			
Signature of Authorized Officer	eller A. 1	MNay		Date 6/13	12025
Printed name of Authorized Officer Willia	am McVey	,			
Title or position of Authorized Officer Chi		r			
Telephone number of Authorized Officer:	(620) 584-8337 ext.				
Study Area Code of Reporting Carrier	411833	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2025		

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Certificat	tion of Officer for R	ate-of-Return Carrier E	ligibility fo	r CAF/ICC Reco	overy
I certify that I am an officer of th complied with Eligible Recovery to §51.917(f).					
			and a sublimit source point a sublimit of		
	Kansas Telephor	ne Company			1/12/000
[1]	Kansas Telephor	ne Company		Date	6/13/202
Name of Reporting Carrier Southern Signature of authorized officer	Kansas Telephor L. iam McVey	ne Company		Date	6/13/202
Signature of authorized officer Willi	llun R. 1	May		Date	6/13/202
Vignature of authorized officer Willi Printed name of authorized officer Willi Willi or position of authorized officer Ch	iam McVey	May		Date	6/13/202

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

TO BE COM	PLETED BY	AN	OFFICER	OF TH	HE REP	ORTING	CARRIER

Certificatio	on of Officer for Rate	e-of-Return Carrier Not Seeking	g Duplicative Red	covery
		t, to the best of my knowledge, this repo e recovery mechanism as per 51.917(d)(v		king duplicative recovery in
lame of Reporting Carrier Southern				
Number of a literature of a firm	Villem R.	1 Very	Date	6/13/2025
Signature of authorized officer				
	am McVey			
Printed name of authorized officer Willia	am McVey hief Operating Offic	cer	felyet encounterent environ de son ander ou	ang ang pang ang bang ang ang ang ang ang ang ang ang ang
Printed name of authorized officer Willi		cer		

TO BE COMPLETED BY THE REPORTING CARRIER,

ertification of Offic	er as to the Accuracy of the C	AF ICC Data Rep	ported
	lities include ensuring the accuracy of	the actual data repoi	rted; and, to the best of my
			Date 6/13/2023
	7	an a	Date
	ſ		
411833	Filing Due Date for this form (mm/dd/yyyy)	June 16,2025	
	g carrier; my responsibilits form is accurate.	g carrier; my responsibilities include ensuring the accuracy of his form is accurate.	Minsas Telephone Company McVey Operating Officer 620) 584-8337, ext Filing Due Date for this form June 16,2025