



July 2, 2018

Lynn Retz
Secretary to the Commission
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604-4027

RE: **Docket # 18-GIMT-394-GIT – Information required by the State Corporation Commission of the State of Kansas for Eligible Telecommunications Carriers**

Dear Ms. Retz:

On behalf of MoKan Dial, Inc. - KS, Study Area Code 411807, attached is a copy of the Company's attachments 1, 2a, 4, and 6 in compliance with the consolidated order in Docket # 18-GIMT-394-GIT.

A copy of the Company's financial information that is included with the attachments noted above has been redacted. The information is proprietary in nature and is not generally available to the public through regulatory disclosure or other means. The financial information is filed pursuant to K.S.A. 66-1220a, and the Company requests that the Commission treat this information as confidential and exempt from public disclosure under that statute.

Please contact me at 512-652-7725 or lynette.hampton@mossadams.com if you have any questions regarding this filing.

Sincerely,

A handwritten signature in black ink that reads 'Lynette Hampton'.

Lynette Hampton
Authorized Representative for
MoKan Dial, Inc. - KS

Attachments

LH/rl

cc: Amanda Molina – MoKan Dial, Inc. - KS

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Dallas, TX 75231

Assurance, tax, and consulting offered through
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Moss Adams Wealth Advisors LLC. Investment banking
offered through Moss Adams Capital LLC.

THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

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

In the Matter of Certification of Compliance)
with Section 254(e) of the Federal)
Telecommunications Act of 1996 and) Docket No. 18-GIMT-394-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 External Relations of MoKan Dial, Inc. (Company/ Cooperative). 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 MoKan Dial, Inc. (Company/Cooperative) to the statements made in this certification.

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

3. By this affidavit, I certify that the USF, CAF and/or KUSF received by MoKan Dial, Inc. (Company/Cooperative) was used in the proceeding calendar year **2017** and will be used in the new calendar year **2019 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.

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.)

Amanda Molina
Signature

Amanda Molina
Printed/Typed Name

Executed on June 29, 2018 date.

Email address: amolina@townes.net

Company Name: MoKan Dial, Inc.

DATA YEAR: 2017

	LINE	REGULATED AMOUNT
WORKING LOOPS		
1. Total Loops	(060)	
2. Category 1.3 Loops	(070)	
INVESTMENT		
1. Plant Accounts		
a. Acct 2001	(160)	\$
2. Selected Plant Accounts		
a. Acct 2210	(230)	
b. Acct 2220	(235)	
c. Acct 2230	(240)	
d. Total Central Office Equip	(245)	\$
e. Circuit Equip Cat 4.13	(250)	
f. Acct 2410	(255)	
AMORTIZABLE TANGIBLE ASSETS		
Acct. 2680 Tot Assets	(800)	
Acct. 2680 (2230) COE Trans	(805)	
Acct. 2680 (Cat. 4.13) COE Trans	(810)	
Acct. 2680 (2410) Total CWF	(815)	
Acct. 2680 (2410) CWF-Cat 1	(820)	
Acct. 6560 (2680) Dep & Amort	(830)	
PART 36 - COST STUDY DATA		
1. Cost Study Avg C&WF Acct 2410	(700)	
2. Cost Study Avg C&WF Cat 1	(710)	
3. C&WF CAT 1 Factor		
4. COE CAT 4.13 Factor		
5. Switching Factor		

Incumbent ETC Investment and Expenses
Kansas Test for USF Certification

18-GIMT-394-GIT
Attachment 2a

Company Name: MoKan Dial, Inc.


DATA YEAR: 2017

For the Following Lines, Use Gross Additions for Plant and Annual Amounts for Expenses for the Test Year

INVESTMENT, EXPENSE AND TAXES	LINE	REGULATED AMOUNT
1. Selected Plant Accounts		
a. Acct 2230	(240)	
b. Total Central Office Equip	(245)	
c. Acct 2410 (Total)	(255)	
2. Expenses - Plant Specific Exp		
a. Acct 6110	(335)	
b. Acct 6110 (benefits)	(340)	
c. Acct 6110 (rents)	(345)	
d. Acct 6120	(350)	
e. Acct 6120 (benefits)	(355)	
f. Acct 6120 (rents)	(360)	
g. Acct 6210	(365)	
h. Acct 6210 (benefits)	(370)	
i. Acct 6210 (rents)	(375)	
j. Acct 6220	(380)	
k. Acct 6220 (benefits)	(385)	
l. Acct 6220 (rents)	(390)	
m. Acct 6230	(395)	
n. Acct 6230 (benefits)	(400)	
o. Acct 6230 (rents)	(405)	
p. (sum of lines 365+380+395)	(410)	
q. Acct 6410	(430)	
r. Acct 6410 (benefits)	(435)	
s. Acct 6410 (rents)	(440)	
t. Total Expenses Accts. 6110 - 6410	(445)	
3. Expenses - Plant Non Specific Exp		
a. Acct 6530	(450)	
b. Acct 6530 (benefits)	(455)	
4. Depreciation & Amortization Exp		
a. Acct 6560 (#2210)	(510)	
b. Acct 6560 (#2220)	(515)	
c. Acct 6560 (#2230)	(520)	
d. Acct 6560 (#2210-2230)	(525)	
e. Acct 6560 (#2410)	(530)	
5. Corporate Operating Expenses		
a. Acct 6710	(535)	
b. Acct 6710 (benefits)	(540)	
c. Acct 6720	(550)	
d. Acct 6720 (benefits)	(555)	
e.Total Corporate Operating Expense (line 535+550)	(565)	
6. Other Expenses and Revenues		
a. Benefits Portion	(600)	
b. Rents Portion	(610)	
Sum of All Expenses (Excluding Depreciation)		
7. Taxes		
a. Acct 7200	(650)	

Incumbent ETC Investment and Expenses
Kansas Test for USF Certification

18-GIMT-394-GIT
Attachment 2a

Company Name: <u>MoKan Dial, Inc.</u>	
DATA YEAR: <u>2017</u>	
Test for use of FUSF & KUSF	
CAPITAL:	
1. Category 1 C&WF	
2. Category 4.13 COE and Switching	
MAINTENANCE:	
3. CWF - MAINT. EXP.	
4. COE - MAINT. SW	
5. COE - MAINT-OP SYSTEM	
6. COE - MAINT. - TRANS.	
7. CWF - NETWORK SUPPORT	
8. COE - NETWORK SUPPORT	
9. CWF GENERAL SUPPORT	
10. COE GENERAL SUPPORT	
20. CWF NETWORK OPERATION	
21. COE NETWORK OPERATION	
22. CWF EXEC. & PLANNING	
23. COE EXEC. & PLANNING	
24. CWF GENERAL ADMIN.	
25. COE GENERAL ADMIN.	
26. CWF OPERATING TAXES	
27. COE OPERATING TAXES	
28. CWF BENEFITS - TTL OPER EXP	
29. COE BENEFITS - TTL OPER EXP	
30. CWF RENTS - TTL OPER EXP	
31. COE RENTS - TTL OPER EXP	

Incumbent ETC Investment and Expenses
Kansas Test for USF Certification

18-GIMT-394-GIT
Attachment 2a

Company Name: MoKan Dial, Inc.

DATA YEAR: 2017

A. Total Cash Expenditures Associated with USF

B. Certified Federal USF Receipts:

B1. High Cost Loop Support / Frozen High Cost Support

B2. Safety Net Support

B3. Broadband Loop Support

B4. Safety Valve Support for acquired Exch.

B5. Connect America Cost Model

B6. Alternative Connect America Model

B7. CAF ICC (§§ 51.915, 51.917, 51.304)

B8. Total Certified Federal USF Receipts

C. KUSF Receipts

D. Total FUSF and KUSF Receipts

E. Do Expenditures Exceed **FUSF** Receipts?

Yes

Amount Expenditures Exceed Certified FUSF

(negative number means FUSF exceeds Expenditures)

F. Do Expenditures Exceed **FUSF & KUSF** Receipts?

Yes

Amount Expenditures Exceed Certified FUSF and/or KUSF

(negative number means FUSF/KUSF exceeds Expenditures)

Please provide the following information:

Contact: Amanda Molina

Title: Vice President of External Relations

Phone No.: 904-259-0029

E-Mail: amolina@townes.net

ETC Certification for Use of **USF** Support
Provided to the Kansas Corporation Commission

Data Year: 2017

Page 1

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).

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
N/A No Outages					

(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.

0 (zero)

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

0 (zero)

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

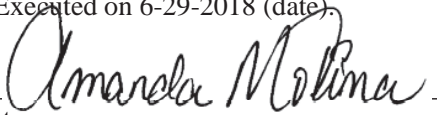
KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is Vice President of External Relations of the MoKan Dial, Inc. (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 MoKan Dial, Inc. Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that MoKan Dial, Inc. 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 6-29-2018 (date).



Signature

Amanda Molina

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

ABILITY TO FUNCTION IN AN EMERGENCY ANNUAL CERTIFICATION

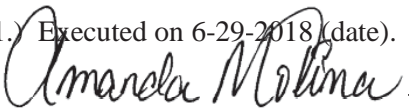
KCC Docket Reference: 06-GIMT-446-GIT

(Please type or print legibly)

1. My title is Vice President of External Relations of the MoKan Dial, Inc. (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 MoKan Dial, Inc. (Company/Cooperative) to the statements made in this certification.

2. By this affidavit, I certify that MoKan Dial, Inc. (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 6-29-2018 (date).



Signature

Amanda Molina

Printed / Typed Name

6. 47 U.S.C. § 214(e)(1)(B) requires every ETC to advertise its 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
Miami County Newspapers	Newspaper	MoKan Subscriber Area	October 4, 2017
MoKan Dial Webpage	Internet	MoKan Subscriber Area	Entire Year 2017
MoKan Dial Directory	Directory Advertisement	MoKan Subscriber Area	October 2017

(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.

[illegible]

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