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May 23, 2017

Lynn M. Retz, Secretary Kansas Corporation Commission 1500 SW Arrowhead Rd Topeka, KS 66604

RE:

2017 CAF/ICC Data Collection and associated certifications

KanOkla Telephone Association Docket No. 17-GIMT-426-GIT

Dear Ms. Retz:

Attached for filing please find KanOkla Telephone Association's 2017 CAF/ICC Data Collection and associated certificates, as required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the "2017 CAF/ICC Data Collection" pages have 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, 2017, which is the date NECA will file the information with the FCC.

If you have any questions, please don't hesitate to let me know.

Cordially yours,

Colleen R. Jamison

Calleer & Jamison

cc: Jill Kuehny

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 ca		_	the accuracy of the a	ctual data reported;		
and, to the best of my knowledge, the informa	ition reported on this to	rm is accurate.				
Name of Basedian Comiany KANG	NIATEL ACCNIC					
Name of Reporting Carrier: KANOKLA TEL ASSN-KS Digitally signed by Jill Kuehny DN:cn=Jill						
Jill	Kuehny Kuehny@kanokla.com,O=kanokla tei				Dete: 5/16/2017	
signature of Authorized Officer: assn-ks,l=Caldwell KS 67022-0111, Date:5/16/2017 Date: 5/16/2017						
Printed name of Authorized Officer:	Jill Kuehny					
Fillited flame of Authorized Officer.	om reading					
Title or position of Authorized Officer:	Chief Financial Officer					
Telephone number of Authorized Officer:	620-845-5682					
	100	Filing D	ue Date for this			
Study Area Code of Reporting Carrier	411788		m/dd/yyyy)	6/16/2017		
					6. SECTION 1	
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 impri	sonment under Titi	e 18 of the United Sta	tes Code, 18 U.S.C. § 1001.		

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

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier							
National Exchange Carriers Association, Inc. I certify that (Name of Agent) is authorized to submit the information reported on behalf of 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 actual data provided to the Authorized							
Agent is accurate.							
Name of Authorized Agent :	Natio	nal Exchange Car	riers Ass	ociation, Inc.			
Name of Reporting Carrier:	KAN	OKLA TEL ASSN-	KS				
Signature of Authorized Officer:	Jill I	Digitally signed by Jill Kuehny DN:cn=Jill Kuehny Kuehny,email=jkuehny@kanokla.com,O=kanokla tel assn-ks,I=Caldwell KS 67022-0111, Date:5/16/2017 Date: 5/16/2017					e: 5/16/2017
Printed name of Authorized Officer:			Jill Kuehr	ıy			
Title or position of Authorized Officer: Chief Financial Officer							
Telephone number of authorized officer: 620-845-5682							
Study Area Code of Reporting Carri	er	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017		
Persons willfully making false statements on this form can be punished by fine or forfelture 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

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery							
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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 §51.5	917(f).						
Name of Reporting Carrier: KANOKLA TEL ASSN-KS							
	Digitally signed by Jill Kuehny DN:cn=Jill Jill Kuehny Kuehny,email=jkuehny@kanokla.com,O=kanokla tel						
assn-ks,I=Caldwell KS 67022-0111, Date:5/16/2017							
Signature of Authorized Officer or employee: Date: 5/16/2017							
Printed name of Authorized Officer or employee: Jill Kuehny							
Title or position of Authorized Officer or employee: Chief Financial Officer							
Telephone number of Authorized Officer or employee: 620-845-5682							
		DESCRIPTION OF THE PERSON OF T	Filing Due Date for this				
Study Area Code of Reporting Carrier	411788		form (mm/dd/yyyy)	6/16/2017			
Persons willfully making false statements on this form can be punished by fine or forfelture 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.							
47 U.S.C. 99 502	z, sus(b), or tine or im	prisonment	under Title 18 of the United States	Code, 18 U.S.C. 9 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, the 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: KANON	(LA TEL ASSN-	KS	Digitally signed by III Myshay	DNIssa III			
	Digitally signed by Jill Kuehny DN:cn=Jill Jill Kuehny Kuehny,email=jkuehny@kanokla.com,O=kanokla tel						
assn-ks,I=Caldwell KS 67022-0111, Date:5/16/2017							
Signature of Authorized Officer or employee: Date: 5/16/2017							
Printed name of Authorized Officer or employee: Jill Kuehny							
Title or position of Authorized Officer or employee: Chief Financial Officer							
Telephone number of Authorized Officer or employee: 620-845-5682							
Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
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