

COLLEEN R. JAMISON
JAMISON LAW, LLC

June 9, 2024

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

RE: 2024 CAF/ICC Data Collection and Associated Certifications
Docket No. 24-GIMT-229-GIT
Tri-County Telephone Association, Inc.
Tri-County and Council Grove study areas

Dear Ms. Retz:

Attached for filing please find Tri-County Telephone Association, Inc.'s 2024 CAF/ICC Data Collection and Associated certificates for its Tri-County and Council Grove study areas, required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2024 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 17, 2024, 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
JAMISON LAW, LLC

Att.

cc: Jason Pettit
Tina Cohan

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>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.</p>					
Name of Reporting Carrier: TRI-COUNTY TEL. ASSN. INC.-KS					
Signature of Authorized Officer: Dale Jones				<small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024</small>	
Date: 5/20/2024					
Printed name of Authorized Officer: Dale Jones					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 620-767-5153					
Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	
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.					

REDACTED

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					
I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</u> 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 knowledge, the actual data provided to the Authorized Agent is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>TRI-COUNTY TEL. ASSN. INC.-KS</u>					
Signature of Authorized Officer: <u>Dale Jones</u>				Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024	
Date: <u>5/20/2024</u>					
Printed name of Authorized Officer: <u>Dale Jones</u>					
Title or position of Authorized Officer: <u>CEO</u>					
Telephone number of authorized officer: <u>620-767-5153</u>					
Study Area Code of Reporting Carrier		<u>411839</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2024</u>
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REDACTED

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).

Name of Reporting Carrier: **TRI-COUNTY TEL. ASSN. INC.-KS**

Signature of Authorized Officer or employee: **Dale Jones**
Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

411839

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REDACTED

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: **TRI-COUNTY TEL. ASSN. INC.-KS**

Signature of Authorized Officer or employee: **Dale Jones**

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

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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 include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **COUNCIL GROVE TEL. CO.**

Signature of Authorized Officer: **Dale Jones**

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer: **Dale Jones**

Title or position of Authorized Officer: **CEO**

Telephone number of Authorized Officer: **620-767-5153**

Study Area Code of Reporting Carrier

411758

Filing Due Date for this form
(mm/dd/yyyy)

6/17/2024

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Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>COUNCIL GROVE TEL. CO.</u>					
Signature of Authorized Officer: <u>Dale Jones</u>				Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024	
Date: <u>5/20/2024</u>					
Printed name of Authorized Officer: <u>Dale Jones</u>					
Title or position of Authorized Officer: <u>CEO</u>					
Telephone number of authorized officer: <u>620-767-5153</u>					
Study Area Code of Reporting Carrier		<u>411758</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2024</u>
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Name of Reporting Carrier: **COUNCIL GROVE TEL. CO.**

Signature of Authorized Officer or employee: **Dale Jones**
Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

411758

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Signature of Authorized Officer or employee: **Dale Jones**

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/20/2024

Date: **5/20/2024**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

411758

Filing Due Date for this form
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