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Filed Date: 01/24/2025  
State Corporation Commission  
of Kansas

January 24, 2025

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

RE: Lifeline Re-Certification Filing  
Docket No. 25-GIMT-215-CPL  
Moundridge Telephone Co.

Dear Ms. Retz:

In the Matter of the Lifeline Re-Certification Filing of Moundridge Telephone Co. as required by Commission Order dated March 27, 2012, in Docket No. 10-GIMT-658-GIT is attached for filing in the above-captioned docket a copy of the FCC Form 555 for Moundridge Telephone Co. This information is being filed with the FCC and, pursuant to 47 C.F.R. 54.313(h) and (k), with the Commission as the "relevant state commission."

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

Sincerely:

A handwritten signature in cursive script that reads 'Stacey K. Stults'.

Stacey Stults  
Revenue Assurance and Billing Supervisor

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31st (Annually)**

411808 <hr/> Study Area Code (SAC)	143002300 <hr/> Service Provider Identification Number (SPIN)	
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for <b>each SAC</b> that provides Lifeline service).		
2024 <hr/> Recertification Year	KS <hr/> State	The Moundridge Telephone Company, Inc. <hr/> ETC Name
Nex-Tech <hr/> DBA, Marketing, or Other Branding Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>	Rural Telephone Service Co., Inc. <hr/> Holding Company Name <small>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</small>	

**Does the reporting company have affiliated ETCs? Yes  No**

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name
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**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial     RSG    

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:  state Lifeline administrator  National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial     RSG    

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial     RSG

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes  No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
<b>January</b>	
<b>February</b>	
<b>March</b>	
<b>April</b>	
<b>May</b>	
<b>June</b>	
<b>July</b>	
<b>August</b>	
<b>September</b>	
<b>October</b>	
<b>November</b>	
<b>December</b>	
<b>Total Subscribers</b>	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

## Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Rhonda S Goddard

\_\_\_\_\_  
Signature of Officer

rgoddard@nex-tech.com

\_\_\_\_\_  
Email Address of Officer

Stacey Stults

\_\_\_\_\_  
Person Completing This Certification Form

Rhonda S Goddard - Chief Financial Officer

\_\_\_\_\_  
Printed Name and Title of Officer

01-19-2025

\_\_\_\_\_  
Date

7856217037

\_\_\_\_\_  
Contact Phone Number