

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

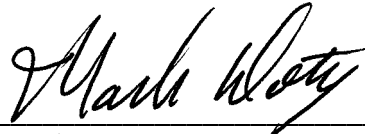
In the Matter of an Investigation to Determine )  
The Annual Assessment Rate for the )  
Twenty-Eighth Year of the Kansas Universal ) Docket No. 24-GIMT-229-GIT  
Fund, Effective March 1, 2024. )

**SUBMISSION**  
**OF ICC CAF DATA COLLECTION AND CERTIFICATIONS**

COMES NOW Twin Valley Telephone, Inc. and as required by the FCC, submits  
the accompanying information.

Twin Valley Telephone, Inc. submits its company-specific information under seal  
as confidential and proprietary as set forth in the letter filed herewith.

Respectfully submitted,



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Mark Doty #14526  
GLEASON & DOTY, CHARTERED  
P.O. Box 490  
Ottawa, KS 66067  
(785) 242-3775  
Attorney for Twin Valley Telephone, Inc.

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 Twin Valley Telephone, Inc.			
Signature of Authorized Officer Scott Litzel			Date 6/11/2024
Printed name of Authorized Officer Scott Litzel			
Title or position of Authorized Officer VP of Operations			
Telephone number of Authorized Officer: (785) 427-2211, ext.			
Study Area Code of Reporting Carrier	411840	Filing Due Date for this form (mm/dd/yyyy)	June 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.			

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>TCA, 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 are accurate.			
Name of Authorized <u>TCA, Inc.</u>			
Name of Reporting Carrier <u>Twin Valley Telephone, Inc.</u>			
Signature of Authorized Officer <u>Scott Weitzel</u>			Date <u>6/11/2024</u>
Printed name of Authorized Officer <u>Scott Weitzel</u>			
Title or position of Authorized Officer <u>VP of Operations</u>			
Telephone number of Authorized Officer: <u>(785) 427-2211</u> ext. _____			
Study Area Code of Reporting Carrier	<u>411840</u>	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024
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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 <b>Twin Valley Telephone, Inc.</b>				
Signature of authorized officer <i>Scott Leitner</i>		Date <b>6/11/2024</b>		
Printed name of authorized officer <b>Scott Leitner</b>				
Title or position of authorized officer <b>VP of Operations</b>				
Telephone number of authorized officer: <b>(785) 427-2211</b> , ext.				
Study Area Code of Reporting Carrier <b>411840</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17, 2024</b>		
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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, this 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 <b>Twin Valley Telephone, Inc.</b>				
Signature of authorized officer <i>Scott Litzel</i>		Date <b>6/11/2024</b>		
Printed name of authorized officer <b>Scott Litzel</b>				
Title or position of authorized officer <b>VP of Operations</b>				
Telephone number of authorized officer: <b>(785) 427-2211</b>				
Study Area Code of Reporting Carrier <b>411840</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 17, 2024</b>		
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