

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: CITY OF FAITH MUNIC

Debbie Brown

Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/23/2012

Date: 5/23/2012

Signature of Authorized Officer:

Printed name of Authorized Officer: Debbie Brown

Title or position of Authorized Officer: Finance Officer

Telephone number of Authorized Officer: 605-967-2261

Study Area Code of Reporting Carrier

391653

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

6/18/2012

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>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>CITY OF FAITH MUNIC</u>					
Signature of Authorized Officer: <u>Debbie Brown</u>				Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/23/2012	
Date: <u>5/23/2012</u>					
Printed name of Authorized Officer: <u>Debbie Brown</u>					
Title or position of Authorized Officer: <u>Finance Officer</u>					
Telephone number of authorized officer: <u>605-967-2261</u>					
Study Area Code of Reporting Carrier	<u>391653</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/18/2012</u>	
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