Venture Communications Cooperative

(Western)

Study Area 391688

ATTACHMENT C

TO BE COMPLETED BY THE REPORTING CARRIER

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 reaponaibilities 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: VENTUR	E COMM, COOP						
Randy Houdek			Digitally signed by Randy Houdek DN cn=Randy Houdek,email=rhoudek@venturecomm.nst, 0=venture comm.coop,l=tlighmore SD 57345-0157, Date:5/26/2015				
Signature of Authorized Officer:			comm. coop,l=Highmore SD	Date: 5/26/2015			
Printed name of Authorized Officer:	Randy Houde	ek .					
Title or position of Authorized Officer:	General Mana	ger					
Telephone number of Authorized Officer:	605-852-1111	1					
Study Area Code of Reporting Carrier	391688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015			
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. § 1801.							

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) National Exchange Carriers Association, les 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 :	National Exchange Carriers Association, Inc.	V-100-00-00-00-00-00-00-00-00-00-00-00-00				
Name of Reporting Carrier:	VENTURE COMM. COOP	Omitels storaed by Reach Mourtain	t Ohlman Doorle	Y		
Signature of Authorized Officer:	Randy Houdek	Orgitally argued by Randy Houdek DN:cn=Randy Houdek, email=houdek@venturecomm.net, O=venture comm. coop, l=Highwore SD 57345-0157, Date: Date:		Date: 5/26/2015		
Printed name of Authorized Officer:	Randy Houdek					
Title or position of Authorized Officer: General Manager						
Telephone number of authorized officer: 605-852-1111						
Study Area Code of Reporting Carrie		g Due Date for this form /dd/yyyy)	6/16/2015			
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.						

Certific	ation of Officer fo	or Rate-of-Retu	urn Carrier Eligibility for CAF/I	CC Recovery		
I certify that I am an officer of the reporting ca has compiled with Eligible Recovery §51.917(requested pursuant to §51.917(f).						
Name of Reporting Carrier: VENTU	RE COMM. COOP					
Signature of Authorized Officer or employee	Randy H	oudek	Digitally signed by Randy Ho Houdek,email≍rhoudek@ven comm. coop,l≃Highmore SD	turecomm.net,O=venture	Date:	5/26/2015
Printed name of Authorized Officer or emplo	yee:	Randy Houdek				
Title or position of Authorized Officer or emp	oloyee:	General Man	ager			
Telephone number of Authorized Officer or	employee:	605-852-111	ı			
Study Area Code of Reporting Carrier	391688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		
Persons Wilhilly making fairs ats	taments on this for	m can be nunisi	hed by fine or forfeiture under the	Communications Act of 193	4 47 U.S.C.	

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: VENTUR	E COMM, COOF)						
Randy Houdek			Houdek,email=rhoudek@ventur	Digitally signed by Randy Houdek DN:cn=Randy Houdek, email=rhoudek@venturecomm.net, D=venture comm, coco,1=Highmore SD 57345-0157, Date,5/26/2015				
Signature of Authorized Officer or employee:					Date:	5/26/2015		
Printed name of Authorized Officer or employee: Randy Houdek								
Title or position of Authorized Officer or employee: General Manager								
Telephone number of Authorized Officer or en	nployee:	605-852-111	f1					
Study Area Code of Reporting Carrier	391688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2015		100 mg/s 110 mg/s 110 mg/s		
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. § 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								