

Rate Floor Data

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:**

<p><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Santel Communications Cooperative Inc</u>			
Signature of authorized officer 			Date <u>06/11/2018</u>
Printed name of authorized officer <u>Ryan Thompson</u>			
Title or position of authorized officer <u>CEO</u>			
Telephone number of authorized officer: <u>(605) 796-8143</u> ext.			
Study Area Code of Reporting Carrier	<u>391676</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2018</u>

Rate Floor Template

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Santel Communications Cooperative Inc**

Signature of authorized officer *BTJ*

Date **06/11/2018**

Printed name of authorized officer **Ryan Thompson**

Title or position of authorized officer **CEO**

Telephone number of authorized officer **(605) 796-8143 ext**

Study Area Code of Reporting Carrier **391676**

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

**07/01/2018**