## TO BE COMPLETED BY THE REPORTING CARRIER

TO DE COMILETED DI THE REI	ORTHO OPICIALIC						
Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
I certify that I am an officer of the reporting car			data reported;				
and, to the best of my knowledge, the informat	on reported on this for	m is accurate.					
Name of Reporting Carrier: GOLDE	N WEST TELECO	M COOP (KADOKA)					
Denr	is Law	Digitally signed by Dennis	Law DN:cn=Dennis Idenwest.com,O=golden west				
Signature of Authorized Officer:	iis Luw	telecom coop (kadoka),I=\	telecom coop (kadoka), I=Wall SD 57790-0411,				
Signature of Authorized Officer.		Date:5/20/2019					
Printed name of Authorized Officer:	Dennis Law						
Title or position of Authorized Officer:	General Manage	r/CEO					
	205 070 0404						
Telephone number of Authorized Officer:	605-279-2161	TOTAL CO.	T	n in Cartagonia	No programme		
Study Area Code of Reporting Carrier	391667	Filing Due Date for this form (mm/dd/yyyy)	6/17/2019				
		form (min/dd/yyyy)					
Persons willfully making false	statements on this forr	n can be punished by fine or forfeiture under	the Communications Act of	f 1934,			
47 U.S.C. §§ 502, §	503(b), or fine or impris	onment under Title 18 of the United States Co	ode, 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							
National Exchange Carriers Association, Inc. I certify that (Name of Agent)  National Exchange Carriers Association, Inc. 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 knwoledge, the actual data provided to the Authorized							
Agent is accurate.  Name of Authorized Agent:	National Exchange Car	rriers Association,	Inc.				
Name of Reporting Carrier:	GOLDEN WEST TELE	COM COOP (KAD					
Signature of Authorized Officer:	Dennis Law		Digitally signed by Dennis Law DN:cn=Dennis Law, email=dennylaw@goldenwest com,O=golden west telecom coop (kadoka),I=Wall SD 57790-0411, Date:5/20/2019			5/20/2019	
Printed name of Authorized Officer:	ī	Dennis Law					
Title or position of Authorized Office	er:	General Manage	er/CEO				
Telephone number of authorized of	ficer:	605-279-2161			÷		
Study Area Code of Reporting Carr	ier 391667	THE PERSON NAMED IN	oue Date for this nm/dd/yyyy)	6/17/2019			
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 AN OFFICER OF THE REPORTING CARRIER

Certificat	ion of Officer for	Rate-of-Re	turn Carrier Eligibility for CAF/ICC	Recovery			
I certify that I am an officer of the reporting can certifies that it has complied with Eligible Reco CAF ICC support requested pursuant to §51.91	very §51.917(d) and	-					
Name of Reporting Carrier: GOLDE	N WEST TELE	сом сос					
Digitally signed by Dennis Law DN:cn=Dennis  Dennis Law  Law,email=dennylaw@goldenwest.com,0=golden west							
Signature of Authorized Officer or employee: telecom coop (kadoka), i=Wall SD 57790-0411, Date:5/20/2019				D 57790-0411,	Date:	5/20/2019	
Printed name of Authorized Officer or employ	ee:	Dennis Lav	N				
						2.0-1-0.2//	
Title or position of Authorized Officer or employee: General Manager/CEO							
Telephone number of Authorized Officer or er	nployee:	605-279-	2161				
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019			
			punished by fine or forfeiture under t under Title 18 of the United States Cod		934,		

## 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 carr duplicative recovery in the state jurisdiction for	The second secon			are the same and the same				
duplicative recovery in the state jurisdiction for	any Engible Recovery	y subject to the rect	overy mechanism as per 9	51.517(a)(vii).				
Name of Reporting Carrier: GOLDEN WEST TELECOM COOP (KADOKA)								
Digitally signed by Dennis Law DN:cn=Dennis  Dennis Law Law, email=dennylaw@goldenwest.com, 0=golden west								
			telecom coop (kadoka),I=Wall SD 57790-0411,			5/20/2019		
Signature of Authorized Officer or employee: Date: 5/20/219 Date: 5/20/21								
Printed name of Authorized Officer or employee: Dennis Law								
Title or position of Authorized Officer or employee; General Manager/CEO								
Title or position of Authorized Officer or emplo	lyee.	Serierai Wariage	ICEO					
Telephone number of Authorized Officer or employee: 605-279-2161								
Ot at Arra Ondo of Bornation Oneign	391667	Filing D	ue Date for this	6/17/2019				
Study Area Code of Reporting Carrier	391667	form (m	m/dd/yyyy)	6/1//2019				
Persons willfully making false	statements on this for	rm can be punished	by fine or forfeiture unde	r the Communications Act of 1	1934.			
			18 of the United States C		,			