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 o	f Reporting Carrier		
I certify that (Name of Agent) Nation the reporting carrier. I also certify that I am ar provided to the Authorized Agent; and, to the	officer of the reporting c		he accuracy of the data	f	
Name of Authorized Agent : Nation	al Exchange Carriers	s Association, Inc.			
Name of Reporting Carrier: GOLD	EN WEST TELECOM	M COOP (KADOKA)			
Denn Signature of Authorized Officer:	Dennis Law ature of Authorized Officer:		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:5/25/2021		21
Printed name of Authorized Officer:	Den	nis Law			
Title or position of Authorized Officer:	Ge	eneral Manager/CEO			
Telephone number of authorized officer:	60	5-279-2161			
Study Area Code of Reporting Carrier	391667	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021		
		a be punished by fine or forfeiture under the C ent under Title 18 of the United States Code, 1		U.S.C.	

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