

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>GOLDEN WEST TELECOM COOP (VIVIAN)</u>					
Signature of Authorized Officer: <u>Dennis Law</u>				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (vivian),l=Wall SD 57790-0411, Date:5/25/2021	
Date: <u>5/25/2021</u>					
Printed name of Authorized Officer: <u>Dennis Law</u>					
Title or position of Authorized Officer: <u>General Manager/CEO</u>					
Telephone number of authorized officer: <u>605-279-2161</u>					
Study Area Code of Reporting Carrier		<u>391686</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2021</u>
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.					