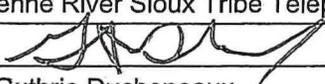


TO BE COMPLETED BY THE REPORTING CARRIER,

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 responsibilities 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				Cheyenne River Sioux Tribe Telephone Authority	
Signature of Authorized Officer					
Printed name of Authorized Officer			Guthrie Ducheneaux		
Date			05-26-2021		
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(605) 964-2600 _{ext.}	
Study Area Code of Reporting Carrier		391647	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	

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.