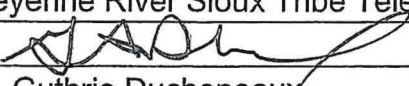


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Cheyenne River Sioux Tribe Telephone Authority	
Signature of authorized officer				Date	
Printed name of authorized officer		Guthrie Ducheneaux		05-26-2021	
Title or position of authorized officer		President			
Telephone number of authorized officer:		(605) 964-2600			
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.					