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)National Exchange Carriers Association, Inc. 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 Carriers Association, Inc.						
Name of Reporting Carrier:	GOLDEN WEST TELECOM COOP (VIVIAN)					
Dennis Law Signature of Authorized Officer:			Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (vivian),I=Wall SD 57790-0411, Date:5/18/2022			5/18/2022
Printed name of Authorized Officer: Dennis Law						
Title or position of Authorized Officer: General Manager/CEO						
Telephone number of authorized officer: 605-279-2161						
Study Area Code of Reporting Carrier 391686		A CONTRACTOR OF THE PARTY OF TH	g Due Date for this form //dd/yyyy)	6/16/2022		
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.						