

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: **GOLDEN WEST TELECOM COOP (SIOUX VALLEY)**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (sioux valley),l=Wall SD 57790-0411, Date:5/18/2022

Date: **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

**391677**

Filing Due Date for this form  
(mm/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.