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 (SIOUX VALLEY)				
Dennis Law Signature of Authorized Officer:		Law,email=dennylaw@goldenw	Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (sioux valley),I=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 Carr	rier 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.				