## 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 Car	rriers Associati	ion, Inc.			
Name of Reporting Carrier:	GOLDEN WEST TELE	COM. COOP,				
Signature of Authorized Officer:	Dennis Law		Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom. coop, inc.,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 391659		AND REAL PROPERTY OF THE PARTY	ling Due Date for this form nm/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.						