

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		05-25-2022			
Printed name of authorized officer					Guthrie Ducheneaux				
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, 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.									