TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification	of Officer to Author	rize an Agen	t 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 : Na	tional Exchange C	arriers Asso	ociation, Inc.		
Name of Reporting Carrier: G(		ECOM			
Dennis Law Signature of Authorized Officer:			Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),I=Wall SD 57790-0411, Date:5/30/2023		
Printed name of Authorized Officer:		Dennis La	3W		
Title or position of Authorized Officer:		General	I Manager/CEO		
Telephone number of authorized officer:		605-279	-2161		
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
1		-	nished by fine or forfeiture under the t ler Title 18 of the United States Code,		1934, 47 U.S.C.