

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: FT RANDALL-MT RUSHMR

Bruce Hanson

Digitally signed by Bruce Hanson DN: cn=Bruce Hanson email=bruce@heinet.net O=ft randall-mt rushmr
Date 5/23/2012

Date: 5/23/2012

Signature of Authorized Officer:

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

391660

Filing Due Date for this form
(mm/dd/yyyy)

6/18/2012

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.

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 is authorized to submit the information reported on behalf of 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 knowledge, the actual data provided to the Authorized Agent is accurate.

Name of Authorized Agent : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: FT RANDALL-MT RUSHMR

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson, email=bruce@heinet.net, O=ft randall-mt rushmr, l=
Date: 5/23/2012

Date: 5/23/2012

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of authorized officer: 320-647-2211

Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/18/2012	
--------------------------------------	--------	--	--	-----------	--

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.



2012 CAF ICC Data Collection

NECA Home NECA Data Collections Contact Us General Instructions Logout

Logged in User: Bruce Hanson

Home Select Company Main Page Support Election Study Area Data Input > CAF & ARC Output > Electronic Certifications

Holding Company: HANSON COMMUNICATIONS, INC. (ID: 200000227)

Electronic Certification Details

Study Area: FT RANDALL-MT RUSHMR (ID: 391660)

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	
<input type="checkbox"/> 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:	FT RANDALL-MT RUSHMR
Signature of Authorized Officer:	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@honet.net,O=ft randall-mt rushmr,lc= , Date:7/2/2012
Signature Date:	7/2/2012
Printed Name of Authorized Officer:	Bruce Hanson
Title or position of Authorized Officer:	Treasurer
Telephone number of Authorized Officer:	320-847-2211
Study Area Code of Reporting Carrier:	391660
Filing Due Date:	6/18/2012
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.	

Submit Response

[Records response entered/updated on the above part of the screen]

© 2012 NECA Terms of Use | Privacy Policy

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: FT RANDALL MT RUSHMR

Bruce Hanson

Digitally signed by Bruce Hanson DN: cn=Bruce Hanson email=bruce@heinet.net O=ft randall mt rushmr
Date: 5/23/2012

Signature of Authorized Officer or employee:

Date: 5/23/2012

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

391660

Filing Due Date for this form
(mm/dd/yyyy)

6/18/2012

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.