ATTACHMENT C CERTIFICATES

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: GOLDEN WEST-KADOKA							
Digitally signed by Dennis Law DN:cn=Dennis Dennis Law Law.email=dennylaw@goldenwest.com,O=golden							
Signature of Authorized Officer or employee:					Date:	5/18/2017	
Printed name of Authorized Officer or employee: Dennis Law							
Title or position of Authorized Officer or employee: General Manager/CEO							
Telephone number of Authorized Officer or employee: 605-279-2161							
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
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 knwoledge, the actual data provided to the Authorized							
Agent is accurate. Name of Authorized Agent : Nat	ional Exchange Car	riers Assoc	siation, Inc.				
Name of Reporting Carrier: GO	LDEN WEST-KADC)KA					
De Signature of Authorized Officer:	nnis Law	Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka,I=Wall SD 57790-0411, Date:5/18/2017				Date: 5/18/2017	
Printed name of Authorized Officer:	Γ	Dennis Lav	v				
Title or position of Authorized Officer: General Manager/CEO							
Telephone number of authorized officer:		605-279-2	2161			_	
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017			
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 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: GOLDE	EN WEST-KADO	ЭКА						
	Digitally signed by Dennis Law DN:cn=Dennis Dennis Law Law,email=dennylaw@goldenwest.com,O=golden							
Signature of Authorized Officer or employee: west-kadoka,I=Wall SD 57790-0411, Date:5/18/2017				Date: 5/18	8/2017			
Printed name of Authorized Officer or employ Title or position of Authorized Officer or empl		Dennis Lav General	w Manager/CEO					
Telephone number of Authorized Officer or e	mnlovee.	605-279-	2161					
Study Area Code of Reporting Carrier	391667	000-279-	Filing Due Date for this form (mm/dd/yyyy)	6/16/2017				
			e punished by fine or forfeiture un under Title 18 of the United States		L of 1934,			

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: GOLDE	N WEST-KADO)KA						
Dennis Law Signature of Authorized Officer:			Digitally signed by Dennis La Law,email=dennylaw@golde west-kadoka,I=Wall SD 5779	Date: 5/18/2017				
Printed name of Authorized Officer:	Dennis Law							
Title or position of Authorized Officer: General Manager/CEO								
Telephone number of Authorized Officer:	605-279-216	51						
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/16/2017				
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.								