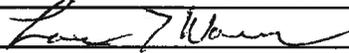


TO BE COMPLETED BY THE REPORTING CARRIER,

**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				MATANUSKA TELEPHONE ASSOCIATION	
Signature of Authorized Officer					
			Date 12/14/16		
Printed name of Authorized Officer				LARRY T WARNER	
Title or position of Authorized Officer				REGULATORY AND BUDGET MANAGER	
Telephone number of Authorized Officer: (907) 761-2772 ext.					
Study Area Code of Reporting Carrier		613015		Filing Due Date for this form (mm/dd/yyyy)	
				12/19/2016	
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.					