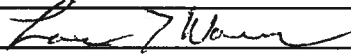


TO BE COMPLETED BY THE REPORTING CARRIER,

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.			