

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

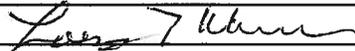
Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) Moss Adams LLP 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 are accurate.

Name of Authorized Agent Moss Adams LLP

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) 791-2772, 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.