

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) <u>Moss Adams LLP</u> 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 <u>Moss Adams LLP</u>				
Name of Reporting Carrier <u>Arvig Enterprises, Inc.</u>				
Signature of Authorized Officer 				Date <u>12/13/16</u>
Printed name of Authorized Officer <u>Staci Malinkowski</u>				
Title or position of Authorized Officer <u>Chief Financial Officer</u>				
Telephone number of Authorized Officer: <u>(218) 346-8498</u> ext. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</u>
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.				