

**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 Columbus Communications Services LLC

Signature of Authorized Officer *Todd Van Epps* Date 6/14/2019

Printed name of Authorized Officer Todd Van Epps

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer: (620) 429-3132 ext.

Study Area Code of Reporting Carrier 411756 Filing Due Date for this form (mm/dd/yyyy) 6/17/2019

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, this 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 **Columbus Communications Services LLC**

Signature of authorized officer

*Todd Van Epps*

Date

**6/14/2019**

Printed name of authorized officer

**Todd Van Epps**

Title or position of authorized officer

**General Manager**

Telephone number of authorized officer: **(620) 429-3132**, ext.

Study Area Code of Reporting Carrier

**411756**

Filing Due Date for this form  
(mm/dd/yyyy)

**6/17/2019**

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**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 <b>Columbus Communications Services LLC</b>			
Signature of authorized officer <i>Todd Van Epps</i>		Date	<b>6/14/2019</b>
Printed name of authorized officer <b>Todd Van Epps</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(620) 429-3132</b>			
Study Area Code of Reporting Carrier	<b>411756</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2019</b>
<small>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.</small>			

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>BKD, 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>BKD, LLP</u>			
Name of Reporting Carrier <u>Columbus Communications Services LLC</u>			
Signature of Authorized Officer <u>Todd Van Epps</u>			Date <u>6/14/2019</u>
Printed name of Authorized Officer <u>Todd Van Epps</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(620) 429-3132</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>411756</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2019</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.			

Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Columbus Communications Services LLC (Columbus Telephone Company)**

Signature of authorized officer

*Todd Van Epps*

Date **6/13/2018**

Printed name of authorized officer **Todd Van Epps**

Title or position of authorized officer **General Manager**

Telephone number of authorized officer: **( 620 ) 429 - 3132**

Study Area Code of Reporting Carrier

**411756**

Filing Due Date for this form  
(mm/dd/yyyy)

**7/2/2018**